GGSL Volunteer Application

You MUST submit a photocopy of a valid government issued photo identification along with your completed application.

Please type the following information and click the "Print Form" button on the upper right of the document and submit the completed form to the league along with a copy of your driver's license.

Date: _____

Name: _____

Home Address: _____

Home #: _____ Cell #: _____

E-mail: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Business #: _____

Business Address: _____

Special professional training, skills, hobbies: _____

_____

Community affiliations (Clubs, Service Organizations, etc): _____

_____

Previous volunteer experience (including baseball/softball and year):_____

_____

Do you have children in the program? ___Yes   ___No

If yes at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license? ___Yes   ___No

Drivers License#: _____ State: _____

Have you ever been convicted of or plead guilty to any crime(s)? ___Yes   ___No

If Yes, Explain: _____

Are there any pending criminal charges in any jurisdiction against you? ___Yes   ___No

If Yes, Explain: _____

GGSL Volunteer Application – *continued*

In which of the following would you like to participate? (Check one or more)

☐ Manager

☐ Coach

☐ Team Parent

☐ Concession Stand Supervisor

☐ Other _____

Please list three references we may contact, at least one of which has knowledge of your participation as a volunteer in a youth program:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

As a condition of Volunteering, I give permission for the Guilderland Girls Softball League to conduct a background check on me. Which may include without limitation, a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditioned upon the league receiving no contrary or criminal information from my background which, in the sole discretion of the GGSL Board of Directors, would affect my ability to volunteer for the position desired. I hereby release and agree to hold harmless from liability the Guilderland Girls Softball League, the Board of Directors, the officers, employees and volunteers for any action taken in connection with conducting the background check authorized by this application. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the President and removal by the Board of Directors for violation of Guilderland Girls Softball League policies or principles.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Note: Guilderland Girls Softball League will not discriminate against any person on the basis of age, race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Please return completed form at the Managers/Coaches meeting or mail to:
GGSL, PO Box 256, Guilderland, NY 12084

GGSL Use Only: Background check completed by

League Official: _____ Date: _____