

CBYRA VOLUNTEER APPLICATION

To Be Completed By All Volunteers Including League Officers and Directors, Committee Personnel, Commissioners, Coaches, Managers and Scheduled Umpires of the Crewe-Burkeville Youth Recreation Association who have regular access to or repeated contact with athletes and athletics with:

CREWE-BURKEVILLE YOUTH RECREATION ASSOCIATION

P. O. Box 395

Crewe, Virginia 23930

Personal Information

Date of Completion of This Form: ____/____/____

Your Full Legal Name: _____

Date of Birth: ____/____/____ Male or Female: ____ SSN: ____-____-____

Home Address:

Home Phone Number: (____)____-____ Cell Phone Number: (____)____-____

Work Phone Number: (____)____-____

Qualifications:

What position are you applying for?:

Have you ever been convicted of a crime?(if yes, explain)_____

Have you ever been refused participation in any other youth sports program? (if yes, explain)

Do you have children in the program?

Why do you want to be a volunteer?_____

Why are you qualified to coach, manage, umpire, etc.?:

Acknowledgement Of Training

I acknowledge that on _____ (date) I was given a copy of the CBYRA Simplified Child Abuse/Molestation Risk Management Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless the CBYRA, its employees, board members, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of the CBYRA, that the CBYRA is not required to allow my continued participation.

Signature _____ Date: ____/____/____

Background check completed by Conduct Official _____ Dated _____