



Volunteer Application 1/1/19

Thank you for wanting to volunteer for our organization. There are many opportunities to choose from which can have a positive impact on children.

Please tell us why you want to volunteer: _____

What is your child's name: _____

How did you hear about us? (newspaper, friend, etc.) _____

Area/s of interest.

Supplies/Equipment set up or take down ____ Coaching? ____ Other ? _____ Fundraising Events? ____

Full Name: _____

Street Address (include city): _____

Primary Phone #: _____ **Other Phone #:** _____

Social Security #: _____ **Driver's License #:** _____

Date of Birth: _____ **Email Address:** _____

References

	Name	Address	Phone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

To safeguard the children in our programs we require a background check for all who come into contact with them. While the history of the Coos County Youth Sports is free from such incidents, statistics of physical and sexual abuse of young children in other parts of the country necessitate including this as part of the application process. We hope you understand and join us in working to ensure the youth programs remain free from such problems.

The information that you have supplied may be submitted to appropriate agencies for background checks. Please supply all requested information. **ALL RESPONSES WILL REMAIN CONFIDENTIAL.**

By signing below I acknowledge that the above information is accurate. I understand that falsification of information will void this application or lead to immediate dismissal. I authorize Coos County Youth Sports to verify this information and conduct a background check.

Signature: _____ **Date:** _____