

CWCA VOLUNTEER FORM & BACKGROUND CHECK FORM

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG * _____

* If current residence is less than 5 years, please list residence(s) for the last 5 years:

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG _____

HOME PHONE _____ WORK _____ DOB _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

COMMUNITY AFFILIATIONS _____

PREVIOUS VOLUNTEER EXPERIENCE _____

DO YOU HAVE CHILDREN IN THE PROGRAM? YES _____ NO _____

SPECIAL CERTIFICATION (CPR, MEDICAL, ETC.) _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO ANY

CRIME(S): YES _____ NO _____

IF YES, DESCRIBE EACH IN FULL: _____

IN WHAT CWCA PROGRAM(S) WOULD YOU LIKE TO PARTICIPATE?

BASEBALL _____ BASKETBALL _____ FOOTBALL CHEERLEADING _____ SOCCER

CHEERLEADING _____ FOOTBALL _____ SOCCER _____

REFERENCES: LIST 3 NAMES AND PHONE:

As a condition of volunteering I give my permission for the CWCA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, my position is conditional upon the CWCA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the CWCA, the officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CWCA is not obligated to appoint me to a volunteer position. 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 CWCA policies or principles.

APPLICANT SIGNATURE _____ DATE _____

CWCA SPORT OFFICER _____ DATE _____

SEX OFFENDER REGISTRY _____ CRIMINAL HISTORY RECORDS _____