



Howard Youth Sports Association

Howard Suamico Baseball □ Howard Suamico Softball □ Flag Football

2008 Background Check Form

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.		
Last, First MI:		Date:
Address:		
City:	State:	Zip:
Email Address:		
Date of Birth:	Social Security #:	
Occupation:		
Employer:		
Employer's 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 <input type="checkbox"/> No <input type="checkbox"/>		
If yes, at what level		
Special Certification (i.e. CPR, First Aid, etc)		
Do you have a valid driver's license: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Driver's License #:	State:	
Have you ever been convicted of or plead guilty to any crime(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe each in full:		
Have you ever been refused participation in any other youth programs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain:		
In which of the following would you like to participate: (check one or more)		
Board Member <input type="checkbox"/>	Coach <input type="checkbox"/>	Umpire <input type="checkbox"/> Scorekeeper <input type="checkbox"/>
Concession Stand <input type="checkbox"/>	Tournament Coordinator <input type="checkbox"/>	Other <input type="checkbox"/>

Please list three references, with at least one of whom has knowledge of your participation as a volunteer in a youth program:

Name	Phone #:

As a condition of volunteering, I give permission for the Howard Youth Sports Association 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, if appointed, my position is conditional upon the association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Howard Youth Sports Association, the Village of Howard, the Village of Suamico, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Howard Youth Sports Association 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 the Association's policies or principles.

Applicant Name (printed):

Applicant Signature and Date:

NOTE: The Howard Youth Sports Association and the Villages of Howard and Suamico will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

ASSOCIATION USE ONLY:	
Background Check was completed by:	

On this Date _____	
System(s) used for background check:	
Sex Offender Registry <input type="checkbox"/>	Criminal History Records <input type="checkbox"/>
Only attach copies of background check reports that reveal convictions of this applicant to this application.	
Approved <input type="checkbox"/> Declined <input type="checkbox"/>	