WEST CENTRAL SPORTS COMPLEX
Volunteer Information

A COPY OF VALID GOVERNMENT ISSUED PHOTOIDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Date of Birth _____

Occupation _____Social Security # _____

Employer _____

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

Driver's License#: _____ State
_____
Have you ever been convicted of or plead guilty to any crime(s): Yes No
If yes, describe each in full:
_____
_____

Have you ever been refused participation in any other youth programs? Yes No
If yes, explain:
_____
_____
_____
_____
_____

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

Coach _____ Umpire _____ Field Maintenance Assistant _____ Scorekeeper _____
Concession Stand Worker _____

REFERENCES

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

Name Phone
_____
_____
_____