

Coach & Volunteer Registration Form

A COPY OF VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name			Date	
Address				
City			Zip	
Home Phone	Business	/Cell Pl	none	
E-mail Address				
Date of Birth				
Occupation				
Employer				
Social Security # (optional; 1	nandatory upon requ	ıest)		
Special professional training	, skills, hobbies			
Community affiliations (Clu	ıbs, Service Organiza	tions, e	etc.)	
Previous volunteer experien	ce			
Do you have children in the	program: Yes /No If	yes, list	full name	
Special Certification (i.e. CP	R, Medical, etc.)			
Do you have a valid driver's	license: Yes /No			
Driver's License#			State	
Have you ever been convicte	ed of or plead guilty to	o any c	rime(s): Yes /No	
If yes, describe each in full _				

As a condition of volunteering and /or coaching,	I give permission for the
Affiliate	e of the USGLL organization to
conduct a background check on me, which may	include a review of sex offender
registries, child abuse and criminal history record	ds. I understand that, if appointed,
my position is conditional upon the league receiv	ring no inappropriate information on
my background.	
I hereby release and agree to hold harmless from	liability the local Affiliate League,
USGLL, Incorporated, the officers, employees an	d volunteers thereof, or any other
person or organization that may provide such in	formation. I also understand that,
regardless of previous appointments, the	
Affiliate of the USGLL organization is not obliga	ted 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 remov	val by the Board of Directors for
violation of the	Affiliate of the USGLL
organization policies or principles.	
Applicant Signature	Date

Mail completed forms to: Rob Warholic 7 Curran Avenue Binghamton, NY 13903

Inquiries to: Rwarholic@gmail.com