

PABSC VOLUNTEER APPLICATION – COACHES

Full Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Title _____

Work Phone _____

T SHIRT SIZE: _____

Age Bracket you wish to coach: First choice _____ Head ___ Asst ___ Either ___

Second Choice _____ Head ___ Asst ___ Either ___

Special professional training, skills and 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(s)? _____

Do you have a valid driver's license? Yes No

DL # _____ State ___ (must have for insurance)

Have you ever been refused participation in any other youth program Yes No

If yes, explain _____

As a condition of volunteering, I give permission for the PABSC 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 league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Perrysburg Amateur Baseball Softball Association, the officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, PABSC 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 PABSC policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print) _____

NOTE: Perrysburg Amateur Baseball Softball Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.