

Volunteer Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Date of Birth: _____ Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

Special Certification (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) involving or against a minor?

Yes No if yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

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 Brand Ambassador Comerica Park Concession Stand Fundraiser Pitch, Hit and Run Event Pop-up Clinic Event Park Clean-up Event Other

Background Check

At Bat reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form, you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____

Date Signed: _____

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/ Denied	Determining Staff Member
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