

Central Florida Baseball League

Official 2010 Volunteer Application (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____ Special professional training, skills, hobbies: _____

Prior/Maiden Names or Aliases: _____

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

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____ Previous/current volunteer experience (e.g. baseball/softball/football and years): _____

Mailing Address (if different): _____

Previous states resided in the past 5 years: _____ Do you have children in the program? YES _____ NO _____

Date of Birth: _____ (mm / dd / yyyy) If yes, at what level? _____

Social Security Number: _____ Special Certification (i.e. CPR, Medical, etc.): _____

Occupation: _____ *Have you ever been convicted of a felony? YES _____ NO _____

Employer: _____ If yes, provide your current legal status (parole, etc.) _____

Address: _____ *Have you ever been convicted of **any** crime involving or against a minor? YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____

Driver's License#: _____ State: _____

*Have you ever been refused participation in any other youth program(s)?
If yes, explain: YES _____ NO _____

*If any or all of the answers to these questions is found to be partially or wholly untrue, it may result in immediate dismissal as indicated in the signature portion of this application.

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

League Official: _____ Head Coach: _____ Board Member: _____ Equipment Manager: _____ Assist. Coach: _____
Team Mom: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____
Other: _____

Privacy Policy: Your privacy is important to us. CFBL does not sell or release contact information to any non-affiliated organization. However, CFBL and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-CFBL use unless you specifically grant them permission. Please contact the CFBL Office in writing for opt out information.

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Official 2010 Volunteer Application. (Page 2)

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

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, CFBL may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to CFBL to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with CFBL's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league/association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the CFBL, CFBL Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, CFBL is not obligated to appoint me to a volunteer position. 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 any and all violations of CFBL policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant CFBL, Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Dispute Resolution Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, CFBL and any and all affiliated parties will be subject to binding arbitration in the locale of the CFBL National Office in Central Florida in accordance with Florida law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, CFBL and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of CFBL and lose, that I will reimburse CFBL for all legal fees and expense it reasonably incurs. If any portion of this application shall be deemed unenforceable or invalid, the remainder shall retain full force and effect.

Applicant Signature	Date
_____ Applicant Name (Print or Type): _____	_____

NOTE: Central Florida Baseball League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by <u>Association</u> officer: _____
or
Background check completed by <u>League</u> officer: _____
or
completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Lexis Nexis' Volunteer Select Plus, etc.)

** NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21. It MUST be supplemented by one or more of the above.

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.