

# CYBA Volunteer Application



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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

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): \_\_\_\_\_

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  Assist. Coach  Team Parent  Board Member

Scorekeeper  Other

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

**Name**

**Phone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a condition of volunteering, I give permission for the CYBA (Conejo Youth Basketball Assoc.) 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 CYBA (Conejo Youth Basketball Assoc.), the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the CYBA 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 CYBA policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: The CYBA (Conejo Youth Basketball Association) will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

## Official CYBA Use Only:

Background check complete by league officer \_\_\_\_\_

on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry  Criminal History Records

*Only attach to this application copies of background check reports that reveal convictions of this applicant.*