



Volunteer Application

Applicant Name (all 3 fields are required):

First: _____ Middle (full) _____ Last: _____

Physical Address (all 4 fields are required):

Street: _____ City: _____ State: _____ ZIP: _____

Contact Info:

Mobile Phone: _____ Home Phone: _____ Business Phone: _____

Email Address: _____

Team Manager's Name or Team Name (if known): _____ Children in the program (name/division): _____ _____ _____ _____	Position(s) you would like to be considered for: <input type="checkbox"/> Team Manager <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Team Parent <input type="checkbox"/> Board Member
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AS A CONDITION OF VOLUNTEERING, I give permission for the TVGSA organization to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 local TVGSA, USA Softball, 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, TVGSA 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 USA Softball policies or principles.

Applicant Signature: _____ **Date:** _____

For TVGSA League Use Only: <input type="checkbox"/> TVGSA Volunteer Application <input type="checkbox"/> Background Check Release / Authorization <input type="checkbox"/> Copy of Valid Driver's License or Government ID <input type="checkbox"/> USA Softball registration input complete <input type="checkbox"/> USA Softball # _____	\$27.50 Application Fee: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash Received _____ <input type="checkbox"/> Credit Card Auth # _____ Credit Card # _____ Exp: _____
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USA Softball Background Check Release and Authorization Form for Independent Contractors and Volunteers

Disclosure and Authorization

In connection with my application to serve as an independent contractor or volunteer with USA Softball, Inc., its affiliates, and/or any of its local associations (collectively "Client" or "USAS"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc. (or any successor USAS contractor), a consumer reporting agency as defined by the Fair Credit Reporting Act (hereinafter "Protect Youth Sports"). These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if USAS makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Washington State <u>only</u>: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.	Residents of Minnesota and Oklahoma <u>only</u>: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization. <input type="checkbox"/> I wish to receive a copy of any consumer report on me that is requested.
Residents of New York <u>only</u>: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box. <input type="checkbox"/> I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.	Residents of California and Maine <u>only</u>: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization. <input type="checkbox"/> I wish to receive a copy of any report on me that is requested.

Print Name: Last Name _____ First Name _____ Middle Name/Initial _____ Phone # _____

Aliases/Other Names Known By (in last ten years) _____ Email Address _____

Social Security Number SSN may be requested at a later time _____ Date of Birth ____/____/____ Desired Position with USAS _____

Driver's License Number _____ State _____ USAS ID Card Member # _____

Current Address _____ City: _____ County _____ State _____ ZIP _____

Prior Address (if within last 5 years) _____ City: _____ County _____ State _____ ZIP _____

*****Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization*****

Applicant Signature _____ Today's Date _____ (12-16a Rev)

www.protectyouthsports.com

Protect Youth Sports, Inc., 14499 Dale Mabry Hwy, Ste 201 South, Tampa, FL 33618, Phone: 877-319-5587 Fax: 800-319-5582