



2022 Girls Softball Manager, Assistant Coach, Coordinator and Volunteer Form

Please Mail To:
Crown Point PACE
Department
183 S. West St.
Crown Point, IN 46307

Last Name:	First Name:	Today's Date:
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Street Address:	City:	State:	Zip Code:
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Cell Phone:	Home Phone:
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Email Address:	Occupation:
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Employer:

Employer Address:	City:	State:	Zip Code:
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Special Professional Training, Skills, Certifications, CPR, Medical, etc.:
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Previous experience; softball, coaching, umpire, etc. & year/s:

Managers & assistant coaches that are in the same division as previous summer have first refusal opportunity for 2022. Do you plan on being a manager or assistant coach in the same division as last summer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have children in the Crown Point PACE Girls Softball Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list full name/s and what level? _____ _____	What age division do you want to volunteer as a league coordinator, manager, or assistant coach? Circle one or more: 4U, 6U, 8U, 10U, 12U, 14U, 18U _____ List coordinator, manager, or assistant coach above
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PLEASE READ BACK SIDE FOR MORE IMPORTANT INFORMATION AND SIGNATURE

A copy of a valid government issued photo ID must be attached to this form.

Have you ever been convicted of, or plead guilty to any crime/s? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there criminal charges pending against you regarding any crime/s involving or against a minor? If yes, describe each in full: <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been refused participation in any other youth program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____

Please check ONE or MORE that interest you for this upcoming season. <input type="checkbox"/> Manager <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Umpire <input type="checkbox"/> League Secretary <input type="checkbox"/> League Coordinator/ Advisory Board	List 3 references- Names and Phone. One should have knowledge of your participation as a volunteer in a youth program.
	1. _____ 2. _____ 3. _____

INITIALS _____ **Novel/Corona/Covid-19—Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.**

AS A CONDITION OF VOLUNTEERING, I give permission for the Crown Point PACE (Parks, Athletics, Communications and Entertainment) Girls Youth Softball organization 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 Crown Point PACE Girls Youth Softball organization, 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, Crown Point PACE Girls Youth Softball organization 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 Director and removal by the Advisory Board for violation of the Crown Point PACE Girls Youth Softball organization policies or principles.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

NOTE: Crown Point PACE Girls Youth Softball organization will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

Local League Use Only

Background check completed by league officer: _____ Date: _____
System 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 application.