



2020 Girls Softball Manager, Assistant Coach, Coordinator and Volunteer Form

Please Mail To:
Crown Point Parks and
Recreation Department
183 South, West, Street
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 and Coaches that are in the same division as previous summer have first refusal opportunity for 2020. 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

Do you have children in the Crown Point Parks and Recreation 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
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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
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Have you ever been refused participation in any other youth program? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Please check ONE or MORE that interest you for this upcoming season.</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Assistant Coach</p> <p><input type="checkbox"/> Umpire <input type="checkbox"/> League Secretary</p> <p><input type="checkbox"/> League Coordinator/ Advisory Board</p>	<p>List 3 references- Names and Phone. One should have knowledge of your participation as a volunteer in a youth program.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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AS A CONDITION OF VOLUNTEERING, I give permission for the Crown Point Parks and Recreation 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 Parks and Recreation 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 Parks and Recreation 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 Parks and Recreation Girls Youth Softball organization policies or principles.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

NOTE: Crown Point Parks and Recreation 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	<input type="checkbox"/> Sex Offender Registry <input type="checkbox"/> Criminal History Records
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Only attach to this application, copies of background check reports that reveal convictions of this application.	