SOCAL GIRLS FASTPITCH VOLUNTEER APPLICATION

LAST NAME:	FIRST NAME:	1	MIDDLE:	
CELL NUMBER:	EMAIL ADDRESS:			
MAILING ADDRESS:		APT #:		
CITY:	STATE:	ZIP CODE:		
Diago answer all questions benestly a	and completely			
Please answer all questions honestly a Have you been convicted of a felony?	<u> </u>	Yes 🗆	No 🗆	
If Yes, please explain:				
Have you registered for any offense u code?	nder 290 C.P.C. or equivalent pena	I Yes 🗆	No 🗆	
If Yes, please explain:				
Have you been suspended or released	d from any youth programs?	Yes 🗆	No 🗆	
If Yes, please explain:				
Do you have a daughter that will play		Yes 🗆	No 🗆	
If Yes, please list name, age and division	on:			
Have you previously volunteered with	any girls softball programs?	Yes 🗆	No 🗆	
If Yes, please describe:				
Do you have experience with any other youth sports programs? Yes No If Yes, please describe: If Yes, please describe: If Yes, please describe:				
Why do you want to volunteer for SoCal Girls Fastpitch this season and in what capacity?				
Please list two references with knowledge of your experience in a youth programs				
Name of reference:	Relationship to you:	Contact numb	ontact number:	
By civil law, it is absolutely forbidden to use profanity, alcohol, tobacco, or illegal drugs or gamble at any time during any USSSA activity. I will uphold this law, and encourage all parents, relatives, friends, and spectators to abide by this law. I will comply with all the Administration Rules and Regulations of SoCal Girls Fastpitch, as well as any directive from the League Board of Directors, or the National USSSA office. I realize and understand that I am being allowed the privilege of participating with girls in the softball program until the completion of the current season. I will be the finest example of Leadership, Friendship, Sportsmanship, and Citizenship throughout the SoCal Girls Fastpitch season of activities. If I am removed from a game or League activity for improper conduct, because of my actions, I understand that the Board of Directors, I may be relieved of my responsibilities. I may be subject to a criminal background investigation and/or fingerprint verification to determine my suitability for this sensitive community position. I will agree to provide my social security number and driver's license number for this background check. I approve of such action, if deemed necessary as directed by the League Board of Directors or the National Office of USSSA (C.P.C. 11105.3 (b) & (d)).				
Signature:		Date:		
Board Approved: Yes No	Date Approved:	Divisi	on:	