# CHARTER TOWNSHIP OF SHELBY
## <u>Volunteer Application</u>

Legal Name (Last Name)_____(First Name)_____Middle _____

Address_____

City_____State_____Zip_____

Cell Phone (    ) _____    Home Phone: (      )_____    Gender:    Male    Female

E-mail Address: _____    Date of Birth_____/_____/_____

Previous volunteer experience (including baseball/softball and year) _____

_____

Do you have children in the program?    Yes    No    If yes, list full name and what level?_____

Special Certification (CPR, Medical, etc.):_____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?:    Yes    No

If yes, describe each in full:_____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?    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.)

Head Coach _____        Asst Coach _____    Umpire _____

AS A CONDITION OF VOLUNTEERING, I give permission for the Charter Township of Shelby to conduct background check(s) on me now and as long as I continue to be active with the Township, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Township receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Parks & Recreation, Township, 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 Township 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 of the Parks & Recreation Department and removal by the Township Board of Trustees for violation of Township policies or principles.

Signature_____ Date _____



**A CLEAR COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION**

**MUST BE <u>ATTACHED</u> TO COMPLETE THIS APPLICATION.**