

Volunteer Registration

** indicates required field*

I. PARTICIPANT INFORMATION:	
*Enter your Full Legal First Name:	
Enter your Full Legal Middle Name:	
*Enter your Full Legal Last Name:	
Jr, Sr, III, Maiden, Other:	
*Street Number:	
*Street Name:	
Apartment Number:	
*City:	
*State:	
*Zip Code:	
*Date of Birth:	
*SSN:	
*Home Phone:	
Work Phone:	
Cell Phone:	
Fax:	
*E-mail:	
I do not have an email address.:	
*Child's Name or N/A:	

II. GENERAL VOLUNTEER QUESTIONS

*Position:	
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III. BACKGROUND INFORMATION:

***Have you ever been charged resulting in a conviction, pleaded guilty, or pleaded no contest to a crime, either misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, improper conduct involving a minor, or theft)? Please circle Yes or No.**

YES

NO

***Are you using illegal drugs?** Please circle Yes or No.

YES

NO

***Are you subject to any civil restraining order or any type of civil action relating to child or domestic abuse or violence?** Please circle Yes or No.

YES

NO

If you answered yes to any of the above questions, please provide detailed information as the nature of the offense, the number of separate offenses in question, the date of the offenses, the relationship between the offense and the position for which you are applying and any mitigating factors that should be taken into account:

I understand that my volunteer position with PSAA is contingent upon my truthful completion and PSAA's review of this form. I authorize and understand that PSAA may obtain a criminal history report, and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application but it is the intent of PSAA to deny a position to any person who has been convicted of sexual abuse, physical abuse or exploitation of a minor.

CONSENT FOR CRIMINAL BACKGROUND CHECK
I certify that all of my statements on this application, the information provided, and attachments hereto, are true and complete to the best of my knowledge. I also certify that I have not withheld any information that would affect my application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer or position with Park Sharon Athletic Association (PSAA) or, following acceptance of service, may be cause for revocation of approval for coaching, board member and/or other volunteer positions with PSAA. I further certify that I understand the intent of PSAA is to deny a position to anyone convicted of a crime of violence, a crime against another person or other act it deems an unacceptable risk.

I acknowledge that PSAA or its designee will, and I hereby give my unconditional permission to PSAA and its designees to, inquire as deemed necessary into my prior employment, experience, relationships with others and background, including criminal and/or sexual offense background checks which may contain arrest and conviction data, plea bargains and deferred adjudications. I give my permission for PSAA to obtain information relating to my criminal history record from a background check vendor and/or licensed private investigator. I understand that this information will be used, in part, to determine my eligibility for a volunteer position(s) with this organization. I understand that a procedure is available for clarification and that I will have an opportunity to review the criminal history if I dispute the record as received.

I hereby waive any right to assert that such investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interests of all persons involved in PSAA activities, and I fully consent to such investigations. I, the undersigned, for myself, my heirs, executors, administrators, and representatives, do hereby remise, release and forever discharge and agree to indemnify and hold harmless any involved background check vendor and/or licensed private investigator, PSAA, its directors, officers, volunteers, agents and representatives, its affiliates and sponsors, and their directors, officers, volunteers, agents

and representatives, as well as any third parties, if any, that PSAA contact, directly or indirectly, regarding my application to, or future services with, PSAA from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer member.

I further agree to conform to the rules, regulations, codes of conduct and /or policies of PSAA and I understand that my service, can be modified or terminated, with or without notice or cause, at any time, at the option of either PSAA and its affiliates, or myself. I understand that no representative of PSAA has the authority to enter into any agreement for service for any specified period of time, or to make any agreement contrary to the foregoing. I understand and agree that PSAA or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause. I understand that any act of omission or commission, including but not limited to theft and/or misappropriation of funds or property of PSAA are grounds for immediate dismissal and criminal prosecution.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CERTIFICATION / CONSENT FOR CRIMINAL BACKGROUND CHECK / AUTHORIZATION / WAIVER / RELEASE / INDEMNITY, AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.

***Please read the following statement and check the box to indicate your agreement.**

Please review all information entered for accuracy and completeness, then sign and date the registration form below. PLEASE submit the signed form to the Park Sharon Risk Manager to continue the registration process.

SIGNATURE: _____

DATE: _____