

# West Garden Grove Youth Baseball Volunteer Application

*A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # (mandatory) \_\_\_\_\_

Employer \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.):

\_\_\_\_\_

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

\_\_\_\_\_

Do you have children in the program? Yes or 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): Yes or No \_\_\_\_\_

If yes, describe each in full: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes or No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

In which of the following would you like to participate? (Check all that apply.)

- Foal Manager/Foal Assistant Manager
- Shetland Manager/Shetland Assistant Manager
- Pinto Manager/Pinto Assistant Manager
- Mustang Manager/Mustang Assistant Manager
- Bronco Manager/Bronco Assistant Manager
- Pony Manager/Pony Assistant Manager
- Executive Board Member (position)  
\_\_\_\_\_
- Auxiliary Board Member (position)  
\_\_\_\_\_
- Team Parent for (div/team)\_\_\_\_\_

For Managers/Asst. Managers: List the team you will be managing/coaching

\_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name and Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I give permission for the WGGYB organization to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 WGGYB, 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, WGGYB 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 President and removal by the Board of Directors for violation of WGGYB policies or principles. I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty or perjury and false swearing that my answers are correct and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name(please print or type) \_\_\_\_\_

NOTE: Pony and WGGYB Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

**WGGYB Use Only:**

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_.

Only attach to these application copies of background check reports that reveal convictions of this application.