

# City of High Springs, Recreation Department Official Volunteer Application

Please note that a copy of a valid government issued photo ID must be attached to this application.

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

Prior/Maiden Names or Aliases \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Mailing Address (If different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ State \_\_\_

Special professional training, skills, hobbies \_\_\_\_\_

Community Affiliations (clubs, service organizations) \_\_\_\_\_

Previous/Current volunteer experience (ie: baseball/softball & years) \_\_\_\_\_

In which of the following would you like to participate: ("X" one or more)

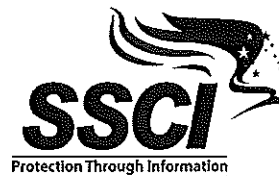
League Official \_\_\_ Head Coach \_\_\_ Team Mom \_\_\_ Coach Trainee \_\_\_

Equipment Manager \_\_\_ Assistant Coach \_\_\_ Other \_\_\_  
Please explain

Do you have children in the program? Yes \_\_\_ No \_\_\_  
If Yes, at what Level \_\_\_\_\_

Special Certification (ie: CPR, Coach) \_\_\_\_\_





## NATIONAL BACKGROUND SCREENING CONSENT/RELEASE FORM

Applicant's Legal Name (printed) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal Background records/information
- All fifty (50) State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is release from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

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

Signature \_\_\_\_\_

*City of High Springs, 110 NW 1<sup>st</sup> Avenue, High Springs, Florida 32643  
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