



# 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) \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_  
If Yes, provide your current legal status (parole, etc...) \_\_\_\_\_

Have you ever been convicted of any crime involving or against a minor? Yes \_\_\_\_ No \_\_\_\_

Have you ever plead guilty to, been convicted of, or involved with any other type of crime?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain \_\_\_\_\_

Please list three (3) references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Nature of Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, the City of High Springs may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to the City of High Springs to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with City of High Springs youth sports coaches background screening policy. I understand and agree 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 the City of High Springs, its officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, the City of High Springs is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term; I am subject to suspension by the City Manager and removal by the City Commission for any and all violations of City policies or principles.

Additionally, I have completed, signed and attached the required background screening form.

Applicant Name (print legibly) \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The City of High Springs will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**Office Use Only**

- Volunteer Application received \_\_\_\_\_
- Background Check submitted \_\_\_\_\_
- Background Check completed \_\_\_\_\_
- Background Check filed \_\_\_\_\_
- Volunteer Position Assigned \_\_\_\_\_



## 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 \_\_\_\_\_