Name		DOB//^	19
Address	City	St	Zip
Home Ph	Cell Ph	Email	
SSN	Occupat	ion	
Employer			
Address	City	St	Zip
Driver's License# and State C	Copy of license to be attached to thi	is document or in space pr	ovided below
Previous Volunteer experience			
Have you ever been convicted	of or plead guilty to any crime(s)	Yes No	
If yes, describe in full:(Use additional sheets if necessary)		
	rticipation in any other youth programs	s? Yes No	
Application is for: School Team		Division	
Please list 2 references that wo	uld have prior knowledge of your part	icipation in a youth oriented	program:
Name		Phone	
Name		Phone	
include, but is not limited to, a r that, if appointed, my position is background. I release and agre volunteers, and any third party is not obligated to appoint me to	the Fort Bend Baseball League to co eview of sex offender registries, child s conditional upon the organization rec e to hold harmless from liability the Fo that may provide such information abo o any position and that at any time aft at position for violation of any rule or p to Fort Bend baseball league	abuse and criminal history re ceiving no inappropriate infor ort Bend Baseball League, its out me. I understand that For er my appointment to a posit	ecords. I understand mation on my s officers, directors, and t Bend Baseball League ion I, that I may be
Signature		Name- Print or Type	
/ 20/ 20/			
Fort Bend Baseball League use Background check complete by System used		Place Driver's Lic and copy form	ense here

<u>ftbendbaseball.com</u> Fort Bend Baseball League Volunteer Application (Form MUST be filled out & returned by each manager and coach prior to the start of the season)