

Autism Youth Sports League Volunteer Application

PLEASE ATTACH A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION TO COMPLETE THIS APPLICATION

Name _____ Cell Phone _____

Address _____ Business Phone _____

City _____ State _____ Zip _____ Email Address _____

Date of Birth _____ Social Security # (mandatory with LexisNexis or upon request) _____

Occupation _____

Employer Name and Address _____

Do you have a valid driver's license? _____ Yes _____ No Driver's License # _____ State _____

Have you ever been convicted of or plead guilty to any crime that was a felony? _____ Yes _____ No

If yes, please describe each in full _____

Are there any criminal charges pending against you regarding any crimes involving or against a minor? _____ Yes _____ No

If yes, please describe each in full _____

Have you ever been refused participation in any other youth programs _____ Yes _____ No

As a volunteer would you be able to commit to certain times and dates that are needed to either coach or manage a team? _____ Yes _____ No

Do you have any restrictions (Days and Times) that would not allow you to volunteer during a sports season?

Please explain why you would like to volunteer for Autism Youth Sports League _____

Have you ever worked with children on the Autism Spectrum or that have special needs? _____ Yes _____ No

If Yes, please explain _____

AS A CONDITION OF VOLUNTEERING, I give permission for the Autism Youth Sports League organization to conduct a background check 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. Any information that AYSL receives will not be shared or reviewed with any other person other than the board and will be kept in a secure location. 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 the Autism Youths Sports League Organization, the officers, volunteers or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Autism Youth Sports League is not obligated to appoint me to a volunteer position. If appointed, I understand that I will obey all the League policies and will be subject to suspension by the Board and removal by the Board of Directors for violation of any of these policies or principles.

Applicant Signature _____ Date _____

If Minor / Parent Signature _____ Date _____

AUTISM YOUTH SPORTS LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked)

Sex Offender Registry ___ Criminal History Records ___ LexisNexis__

*Please be advised that if you use LexisNexis and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer

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