GGASA GIRLS SOFTBALL LEAGUE
VOLUNTEER APPLICATION

POSITION APPLYING FOR: _____ **DATE:** _____

NAME: _____ _____
LAST FIRST MIDDLE INITIAL HOME PHONE

ADDRESS (physical residence)**:** _____
STREET CITY STATE ZIP CODE

ADDRESS (mailing, if different)**:** _____
STREET CITY STATE ZIP CODE

ARE YOU OVER 18 YEARS OF AGE? ( ) YES ( ) NO

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?

HAVE YOU BEEN AN ACTIVE VOLUNTEER IN THIS OR OTHER ORGANIZATIONS? ( ) YES ( ) NO

IF YES, PLEASE LIST THE ORGANIZATIONS, RESPONSIBILITIES AND DATES:

_____

_____

PLEASE LIST ANY DAYS OF THE WEEK, OR YEAR THAT YOU ARE NOT AVAILABLE:

_____

_____

DO YOU HAVE A PHYSICAL OR MEDICAL CONDITION WHICH WOULD LIMIT YOUR CAPACITY FOR THIS POSITION?
( ) NO ( ) YES **IF YES, PLEASE LIST THE CONDITION OR LIMITATION:** _____

_____

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED NO CONTEST TO A FELONY? ( ) YES ( ) NO

IF YES, PLEASE DESCRIBE THE CONDITIONS: _____

_____

ARE THERE ANY OTHER MATTERS THAT WOULD SHOW UP ON A BACKGROUND CHECK? ( ) YES ( )NO

IF YES, PLEASE DESCRIBE THESE MATTERS: _____

_____

DO YOU HAVE A CHILD IN THIS PROGRAM? ( ) YES ( ) NO **IF YES, NAME:**

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WORK HISTORY

CURRENT EMPLOYER **ADDRESS** **TELEPHONE**

DATE STARTED **STARTING POSITION**

DATE LEFT **POSITION ON LEAVING**

DESCRIPTION OF DUTIES **REASON FOR LEAVING**

Please provide any information that qualifies you for the position for which you are applying.
Please included any special training/classes/or certification programs that you have participated in.

CERTIFICATES OR LICENSES: (CIRCLE ALL THAT ARE CURRENT) **CPR** **LIFESAVING**

STANDARD FIRST AID **OTHERS:** (PLEASE LIST)

VOLUNTEER'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR VOLUNTEER EMPLOYMENT, AND ANY ATTACHMENTS, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THIS ORGANIZATION TO MAKE AN INVESTIGATION OF ANY FACTS SET FORTH IN THIS APPLICATION.

I UNDERSTAND THAT AS A VOLUNTEER FOR THIS ORGANIZATION, EITHER I OR THE ORGANIZATION CAN TERMINATE THE RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE.

I ALSO UNDERSTAND, THAT THE ORGANIZATION HAS AUTHORITY TO OBTAIN FINGERPRINTS FROM ME TO SUBMIT TO THE CALIFORNIA DEPARTMENT OF JUSTICE FOR THE PURPOSE OF OBTAINING A CRIMINAL HISTORY.

SIGNATURE OF APPLICANT DATE SIGNED