

# Volunteer Disclosure Statement for Hamilton Township Police Activities League

To be completed by each volunteer who will have direct contact with youth participants

NAME:

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Street Address:

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City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

1. Background in Youth Sports (as Coach, Mgr., Official or other type): Use additional sheet if necessary.

Position Held	League/Team Name	Date(s)	City/State
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2. Previous Residence(s) for the last 5 years:

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3. Have you ever been convicted of a crime? If yes, please explain. Use add'l sheets if necessary.

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By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of Hamilton Township Police Activities League is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that Hamilton Township Police Activities League, its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date