

VOLUNTEER APPLICATION

To Be Completed By All Volunteers Including Coaches, Managers, Administrators, Umpires, Etc. Of The Sports Organization Who Have Regular Access To Or Repeated Contact With Athletes

Name of Sports Organization: Central Dauphin East Youth Sports

City and State of Sports Organization: 4534 PO Box Harrisburg, PA. 17111

A copy of a valid government issued photo ID must be attached to complete this application.

Personal Information

Date of Completion of This Form: / /

Your Full Legal Name: _____

Date of Birth: / /

Other Names (maiden, alias, etc.): _____

Male or Female: _____ Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Driver's License State: _____ Expires: ____ / ____ / ____

Home Phone Number: (____) _____ - _____ Work Phone Number: (____) _____ - _____ Cell: (____) _____ - _____

Home Address: List all for the past 7 years

Present (include dates): _____

Previous (include dates): _____

Previous (include dates): _____

Previous (include dates): _____

(attach a separate sheet if additional space is needed)

Qualifications:

What position are you applying for?: _____

Have you ever been convicted of a crime? (if yes, explain) _____

Have you ever been refused participation in any other youth sports program? (if yes, explain) _____

Do you have children in the program? _____

Why do you want to be a volunteer? _____

Why are you qualified to coach, manage, umpire, etc.: _____

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