



INDIAN WELLS VALLEY YOUTH SOFTBALL

VOLUNTEER FORM

League

T-Ball _____ Lower Division _____ Upper Division _____

Position

Manager _____ Coach _____ Umpire _____ Team Parent _____ Scorekeeper _____

Fundraising _____ Equipment _____ Publicity _____ Board _____ Other _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

Phone #: _____ Cell Phone #: _____

Email: _____

For returning coaches, when did you last coach and with which division? _____

Experience-List organization(s) and years of experience: _____

Briefly state your reason for wanting to coach: _____

Have you been convicted of a felony? NO YES If yes, please explain: _____

Have you ever been convicted of any offence under 290 C.P.C (or equivalent penal code in your state)?
NO YES If yes, please explain: _____

Personal References

Name	Day Phone	Association
Address	Eve Phone	How Long Known
Name	Day Phone	Association
Address	Eve Phone	How Long Known

League Personnel: It is forbidden to use profanity, alcohol, tobacco, or nonprescription drugs on the playing field during league games, practice sessions, or during league activities which includes the attendance or participation of one or more IWV Youth Softball Players. In order to provide a successful softball playing season, the effort of the volunteers is as equally important as the effort of the players.

I agree that if I am selected to manage a team:

1. I will attend all manager meetings or send a representative.
2. I will read, understand and abide by all league rules and its code of conduct.
3. I will be responsible for the return of all equipment,
4. I will be responsible for my team's fields, fundraising or other duties.
5. I will be responsible for my players and coaches conduct on the field.
6. I will be responsible for my team's parent's conduct at the softball fields.
7. I will promote participation in league events (opening/closing day, fundraising, pizza, etc)

I acknowledge that infractions of the above agreements may result in forfeiture of a game or other sanctions, including suspension or permanent removal as coach or active volunteer. By virtue of my signature below on this application, I hereby acknowledge and understand all the requirements and that all information contained within is accurate to the best of my knowledge. I understand that my application may be subject to a background check.

Signature: _____ Date: _____

For League use only:

Approve _____ Disapprove _____

Comments: _____