



Athletic Volunteer Application

Sport:	
Division:	
Team Name:	
New/Return:	
Position:	

DATE: _____

Full Legal Name: First _____ Middle _____ Last _____

Address: _____ City _____ Zip _____

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

E-mail Address: _____

Your Age: High School 18-25 26-35 36-50 50+

Other Volunteer Experience, Special Skills or Talents (please be specific):

Volunteer Work Desired: _____

Any Specific Team: _____

Do you have a child in the program? Yes No Name/s: _____

As a condition of volunteer service with Central Youth Sports, a successful criminal background investigation is required. Your signature allows Central Youth Sports to submit to appropriate law enforcement authorities information in order to disclose the existence of a conviction for any criminal offense.

I agree to allow CYS to conduct a criminal background check. Yes No

Signature: _____ *SS# _____ - _____ - _____ DOB: ____ / ____ / ____

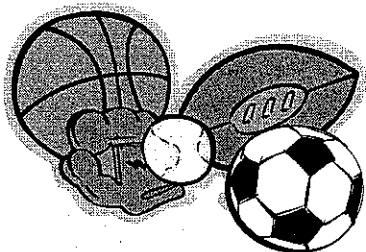
*(Copy of Social Security card may be required)

Parent's signature (if under 18 yrs old): _____ Date: _____

For Office Use Only:

Date information submitted:	Submitted by:	Date report returned:	Reviewed by:	Approved:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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