

# Roslyn Booster Basketball Volunteer Application

Do not use forms from past years. Use extra paper to complete if additional space is required.  
Fax to (646) 710-5260 or email to [gsilver@chadbourn.com](mailto:gsilver@chadbourn.com)

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.):  
\_\_\_\_\_

Previous volunteer experience (including basketball and year):  
\_\_\_\_\_

Do you have children in the program? Yes  No

If yes, what grade? Boys or Girls? (e.g., Girls Fourth Grade) \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s) Yes  No

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

- League Official       Coach       Referee   
Manager       Scorekeeper       Concession Stand       Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for Roslyn Booster Basketball Club to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Roslyn Booster Basketball Club, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Roslyn Booster Basketball Club is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Roslyn Booster Basketball policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (*please print or type*) \_\_\_\_\_

*NOTE: Roslyn Booster Basketball will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**LEAGUE USE ONLY:**

Background check complete by league officer \_\_\_\_\_

on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry  Criminal History Records

*Only attach to this application copies of background check reports that reveal convictions of this applicant.*