



K.Y.S.A. Managers / Coaches / Assistant Coaches Form

Use extra paper to complete if additional space is required

A copy of valid Government issued Photo Identification must be Attached to complete this application.

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Bus Phone _____
 Date of Birth _____ SSN _____
 Employer _____ Occupation _____
 Address _____

Special professional training, skills, hobbies: _____

Community Affiliations (Clubs, Service Organizations, etc.): _____

Previous Volunteer experience (including baseball/softball and year): _____

Do you have Children in the program? Yes No

If Yes, which program? _____

Special Certification? (CPR, Medical, etc) _____

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

Driver's License #: _____ 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 youth programs? Yes No

If Yes, explain: _____

Which volunteer positions are you interested in? (check all that apply)

- Manager Baseball Coach Baseball Team Parent Umpire
- Manager Softball Coach Softball Field Maint. Other

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

Name: _____ Phone _____
 Name: _____ Phone _____
 Name: _____ Phone _____

Please read the following statement and sign below:

As a condition of volunteering, I give permission for Keizer Youth Sports Association 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 Keizer Youth Sports Association, 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, Keizer Youth Sports Association 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 Keizer Youth Sports Association policies or principles.

Applicant Signature _____ Date _____
 Applicant Name: (please print or type) _____

Email Address: _____

Note: Keizer Youth Sports Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**Please print this form AND attach a photocopy of your photo ID and send to:
KYSA Attn: Volunteers PO Box 20033 Keizer, Or 97307**

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.