



# 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:  
KYSAA 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.*