

Deer Lakes Youth Basketball Returning Volunteer Application – 2019-20

Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application last year for Deer Lakes Youth Basketball (DLYB), please complete this application. Otherwise, please use the new volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

Yes No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes No

If Yes, describe each in full: _____

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

If Yes, explain: _____

AS A CONDITION OF VOLUNTEERING, I give permission for DLYB to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), 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 Deer Lakes Youth Basketball (DLYB) and its officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, DLYB 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 removal of my appointment for violation of the league's background check policy.

Applicant Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

NOTE: Deer Lakes Youth Basketball will not discriminate against any person on the basis of race, creed, color, national origin, martial status, gender, sexual orientation or disability.

Please update ONLY the information in this section which has changed since last year.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Employer Address: _____

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____
on _____

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

Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage

Sex Offender Registry Data along with a National Criminal
Records check of at least 281 million records

**Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association with the name, which may not necessarily be the league volunteer.*

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