



## Union Girls Softball Association (UGSA) Volunteer Application for Background Check

**COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. TURN BOTH DIRECTLY INTO THE UNION POLICE DEPARTMENT, LOCATED AT 119 S. CHURCH ST., MONDAY – FRIDAY FROM 8AM-5PM.**

Full Legal Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Maiden/Alias \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Phone: \_\_\_\_\_  
(CELL) (HOME) (BUSINESS)

Gender:  Male  Female

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(MM/DD/YYYY)

1. Do you have children in the program?  Yes  No

If yes, list full name and what level? \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

3. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?  Yes  No

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

4. Have you ever been convicted of or plead no contest or guilty to any crime(s)?  Yes  No

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

(Answering yes to question 4, does not automatically disqualify you as a volunteer.)

5. Do you have any criminal charges pending against you regarding any crime(s)?  Yes  No

If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

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

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

AS A CONDITION OF VOLUNTEERING, I give permission for the Union Girls Softball Association to conduct background check(s) through the City of Union Police Department, 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 my request to volunteer is conditional upon UGSA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Union Girls Softball Association, City of Union, 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, Union Girls Softball Association is not obligated to accept me to a volunteer position. If accepted, I also 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 Union Girls Softball Association policies or principles.

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

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Full Legal Name (please print or type) \_\_\_\_\_

**For City Use Only:**  
Background Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
System(s) used for background check: \_\_\_\_\_  
Only attach to this application copy of background check reports that reveal convictions of this application.