

## **Application**

~ Incomplete Forms Will Not Be Processed and Will Be Returned ~

Name:	Address:			Citv:	State:	Zip:
				Date of Birth:		
Driver's License Number:	eague, Inc. with a l	egible cop	y of his/her Ne	evada Driver's Licenso	e / ID.**	
Do you have children playing in the South Reno Babe Rut	th League?	YES	NO			
Have you ever been convicted of or plead guilty to any co	rimes?	YES	NO			
If YES, please describe in full:						
Have you ever been refused participation in any other yo		YES	NO			
If YES, please describe:						
Special Certification (i.e. CPR, Medical, etc.):						
Please list two references, at least one of which has know	wledge of your part	ticipation a	s a volunteer ii	n a youth program:		
Name:	Phone:_				Relationship:	
Name:	Phone:				Relationship:	
As a condition of volunteering, I give permission for Sout offender registries, child abuse and criminal history reco		League, Ind	c. to conduct a	background check on	me, which may inclu	de a review of sex
I represent that the information contained in this form is true and correct, and that I have not lied about, misrepresented or otherwise falsified such information and I will abide by all rules and regulations of South Reno Babe Ruth League, Inc.						
Applicant Name (Please Print or Type):						
Applicant Signature:				Date:		
<b>Note:</b> South Reno Babe Ruth League, Inc. will not discrimorientation or disability.	ninate against any p	person on t	he basis of rac	e, creed, color, natior	nal origin, marital stat	us, gender, sexual
**Please Attach Copy of Applicant's Driver's License / ID**						
South Reno Babe Ruth League, Inc. Use Only:						
Background check completed by league officer:  System(s) used for background check (minimum of one r	must be checked):			Date:		

- Sex Offender Registry
- o Criminal History Records

Volunteer