



# MOUNTAIN TOP LEAGUE - VOLUNTEER APPLICATION

**Application Note:** A copy of a valid Government Issue identification must be attached to this application.

## **APPLICATION INFORMATION**

I am applying to (check ☒ all that apply)

\_\_\_\_ Baseball \_\_\_\_ Basketball \_\_\_\_ In-House Soccer \_\_\_\_ Travel Soccer \_\_\_\_ Other: \_\_\_\_\_

Position: \_\_\_\_\_

Do you have children participating in the program(s) for which you are applying to volunteer?

\_\_\_\_ Yes \_\_\_\_ No If yes list names and ages.

\_\_\_\_\_

## **PERSONAL BACKGROUND INFORMATION**

Name (First/Last): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell/Work Ph.: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Empl. Ph: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

DL # \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

List any and all related certifications? (CPR, EMT, First Aid, etc.) \_\_\_\_\_

Special training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

## **CRIMINAL HISTORY**

Have you ever been convicted of or plead guilty to any crime(s)? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe in full. Be sure to include jurisdiction & court.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REFERENCES**

Please list three (3) references, at least one of which has knowledge of your prior participation as a volunteer in a youth program:

Name

Address

Phone

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## **PRIOR VOLUNTEER EXPERIENCE**

Previous Volunteer Experience (Include year(s) & agency/agencies)

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Have you ever been refused participation in any youth programs? \_\_\_\_Yes \_\_\_\_No

If yes, describe in full. Be sure to include agency and municipality.

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Have you ever been placed on probation, suspended or removed from any youth programs?

\_\_\_\_Yes \_\_\_\_No

If yes, describe in full. Be sure to include agency and municipality.

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Are you certified through the Rutgers Youth Sports Research Council?

\_\_\_\_Yes \_\_\_\_No (**REQUIRED FOR REC DEPARTMENT PROGRAMS**)

## **CONSENT/WAIVER**

As a condition of volunteering, I give permission for the Mountain Top League, the West Orange Recreation Department and/or one of their cooperative programs to conduct a background check on me, which may include a review of sex offender registries, child abuse records, criminal history records as well as prior involvement with youth or related programs. I understand that, regardless of previous appointments, Mountain Top League, the West Orange Recreation Department and/or one of the cooperative programs is not obligated to appoint me to a volunteer position. I understand that, if appointed, my position is conditional upon Mountain Top League and/or the Recreation Department receiving no disqualifying information on my background check.

I hereby release and agree to hold harmless from liability Mountain Top League, the West Orange Recreation Department and its cooperative programs, the West Orange Board of Education, the Township of West Orange, their organizers, servants, officers, volunteers, affiliates and employees thereof, or any person or organization that may provide such information. If appointed, I understand that prior to the expiration of my term; I am subject to suspension or removal by the West Orange Recreation Department or its cooperative programs for violation of the agencies' policies or principles. I understand that I have a right to appeal to the Recreation Appeal Board my rejection, warning, ejection or suspension. It is further understood that any and all disciplinary actions taken by the Recreation Department and/or its cooperative programs shall remain in effect until such time it is modified by the Appeal Board.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME: (Please Print):** \_\_\_\_\_

NOTE: The West Orange Rec. Dept. and their Co-Operative Programs will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**All information may be shared with the West Orange Recreation Department. All information is privileged and confidential and will be handled with strictest confidentiality unless required by law.**