



# Volunteer Application - please print clearly

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Cell Phone  Preferred contact means

Home Phone  Preferred contact means

Work Phone  Preferred contact means

Email  Preferred contact means

Email 2  Preferred contact means

**Criminal Background Checks:** The Geneva Baseball Association will conduct criminal background checks on all volunteers including, but not limited to, Team Managers and Assistant Coaches.

*I authorize the Geneva Baseball Association to conduct a criminal background check on me and understand that certain resulting information may prohibit me from volunteering. I understand that I may review my criminal history report and will be afforded the opportunity to clarify anything on my record if there is something I dispute.*

\_\_\_\_\_  
Print your name (as it appears on your driver's license)

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

\_\_\_\_\_  
Date of Birth

*(Note: Your social security number (SSN) is confidential and will only be used for the purpose of verifying background check information. Your SSN is required by the GBA. You will NOT be considered as a volunteer unless it is included.)*

*I agree to be a volunteer for the Geneva Baseball Association. I understand that volunteering may require a degree of physical fitness, and I attest that I am in good health and able to safely participate in the required activities. I hereby forever waive any and all rights for claims or damages I may have against the Geneva Baseball Association and the Geneva Park District and all their respective officers, directors, subsidiaries, agents and employees of the league for any and all injuries, damages, demands, liabilities, actions or causes of action sustained by me as a result of my participating as a volunteer.*

*I UNDERSTAND THAT NEITHER THE GENEVA BASEBALL ASSOCIATION NOR THE GENEVA PARK DISTRICT PROVIDES INJURY OR LIABILITY INSURANCE FOR VOLUNTEERS AND THAT IT IS MY RESPONSIBILITY TO DETERMINE WHAT, IF ANY, INSURANCE I NEED TO CARRY.*

*I UNDERSTAND THIS WAIVER WILL APPLY TO OTHER GENEVA BASEBALL ASSOCIATION VOLUNTEER EVENTS AND TO THE OTHER ORGANIZATIONS THE GENEVA BASEBALL ASSOCIATION PARTNERS WITH FOR THESE EVENTS.*

*I HEREBY VERIFY THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE DOCUMENT AND ACKNOWLEDGE SAME BY MY SIGNATURE HERETO. (Applications must be over 16 years old. If 16 or 17 years of age, a parent or guardian must co-sign below and the applicant must work with a sponsor, parent or guardian.)*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer under 18 years old)

\_\_\_\_\_  
Relationship to Volunteer

*Thanks for volunteering! Our main notification process is by email with follow-up by phone. In addition, we will email you with any further Geneva Baseball Association volunteer opportunities. If you no longer desire to receive emails regarding volunteer opportunities, simply reply to the email with your request.*

**Note:** This form must be submitted before you can work an event. Do not email the form. Please return the completed original document as instructed by your GBA League President or Volunteer Coordinator.