



Orland Park Magic Sports Association
P.O. Box 2546, Orland Park, IL 60462



Orland Park Magic Volunteer Form

As a condition of service to OPMSA, all Coaches, Managers, Board of Directors' members and any other persons and volunteer workers who have repetitive access to or contact with anyone enrolled in the youth activities sponsored by OPMSA, must complete and submit an official "OPMSA Volunteer Application". No one may commence provision of services on behalf of or through OPMSA until the requirements hereof have been completed. Annual background checks must be completed for all aforementioned individuals prior to the applicant assuming his/her duties for the current season, and should be submitted to the Executive Committee of the Board of Directors or the appropriate Board designee prior to the start of the current season. Refusal to submit a fully completed "OPMSA Volunteer Application" annually must result in the immediate dismissal or suspension of the individual including denial of participation for the applicant.

OPMSA shall require and be responsible for enforcing all aforementioned individuals to annually submit (or not more than once a year if participating in multiple activities) to the Executive Committee of the Board of Directors or the appropriate Board designee a fully completed official "OPMSA Volunteer Application," prior to the applicant assuming his/her duties for the current season. The Volunteer Application must include signed permission from the applicant allowing OPMSA to perform the necessary background check. All volunteer applications must be maintained by OPMSA for a minimum of 1 year.

OPMSA must require that all volunteers undergo a background check screening which at minimum includes a check of the records for the state in which the volunteer resides. Additionally, if OPMSA utilizes a state sex offender registry check, OPMSA must also perform a national database or a Federal background check search, such as those offered by LexisNexis. If OPMSA becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players, staff, members of the board, and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, OPMSA will immediately contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, OPMSA will notify the individual that he/she is no longer able to volunteer at OPMSA in any manner going forward and that such person is barred from further attendance at any OPMSA events or upon the properties of OPSMA at any time.

Each applicant executes this application with the following waivers, acknowledgements, and agreements:

a) The applicant has entered into this agreement of his or her free will, without any coercion, duress, or pressure of any nature; and



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b) The applicant understands and agrees that the purposes of this application is the protection of the players who constitute the members of OPMSA for whom instruction, physical activities, physical development, and mental development is the goal of the programs of OPMSA and for no other purpose; and

c) The applicant agrees that he or she waives any claims of any nature against OPMSA, its officers, directors, employees, volunteers, coaches, and managers as to any claims of discrimination or denial of or infringement of rights that may be related, directly or indirectly to any decision to deny the applicant participation in the OPMSA activities or the termination of such participation at some later date in relationship to any element of the criteria or policies of this application; and

d) The applicant warrants and represents to OPMSA that all information submitted is true and accurate and that any change in any element of the information provided will be immediately reported to OPMSA; and

e) The applicant waives any rights he or she may have to privacy as it relates to any disclosure that OPMSA may make of any act or omission by the applicant during his or her participation in OPMSA activities as it relates to disclosures that are required or are recommended by governmental agencies or entities as it relates to protection of minors as they participate as players in OPMSA activities.

Name: _____	Date: _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____		
Address: _____		Community affiliations (Clubs, Service Organizations, etc.): _____
Telephone: _____	Email: _____	
City: _____	State: _____	Zip: _____
Previous/current volunteer experience (e.g. baseball/softball and years): _____		
Mailing Address (if different): _____		
Do you have children in the program?		YES _____ NO _____
If yes, at what level? _____		
Previous states resided in the past 5 years: _____		
Date of Birth: _____	Special Certification (i.e. CPR, Medical, etc.): _____	
(mm / dd / yyyy)	Have you ever been convicted of a felony? YES _____ NO _____	
If yes, provide your current legal status (parole, etc.) _____		
Social Security Number: _____		
Have you ever been convicted of any crime involving or against a minor?		
YES _____ NO _____		
If yes, explain: _____		
Occupation: _____		
Employer: _____		
Address: _____		
Have you ever plead guilty to or been convicted of any other type of crime?		
If yes, explain: YES _____ NO _____		
Do you have a valid driver's license? YES _____ NO _____		
Driver's License#: _____ State: _____		
Have you ever been refused participation in any other youth programs?		
If yes, explain: YES _____ NO _____		
In which of the following would you like to participate? ("X" one or more.)		
League Official: _____	Head Coach: _____	Board Member: _____
Equipment Manager: _____	Assist. Coach: _____	
Team Mom: _____	Coach Trainee: _____	Trainer: _____
Student Demo: _____		
Other: _____		



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Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, OPMSA may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to OPMSA to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with OPMSA's child protection policy. I understand and agree 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 OPMSA, Babe Ruth Leagues, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, OPMSA is not obligated to appoint me to a volunteer position. I 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 any and all violations of OPMSA policies, principles or Code of Conduct.

Request for Team Name #1 _____ #2 _____ #3 _____

Applicant Signature **Date**

Applicant Name (Print or Type): _____

NOTE: The Orland Park Magic Sports Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local League/Association Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by Association officer: _____
or

Background check completed by League officer: _____
or

completed by: _____ Date Completed: _____

System's used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Local Criminal History Records: _____ State Sex Offender Registry: _____ Other: (please explain) _____
(Rapsheets, Intellicorp., etc.)

Note: You must maintain copies of background check results at the league level for the duration of the volunteer's service to the league.