

Division: S I A B C T	TEAM: _____	Manager _____ Asst Coach _____ Team Coordinator _____
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Castro Valley Independent Sports League Volunteer Application

3056 Castro Valley Blvd, Box 32, Castro Valley, CA 94546

<p>A copy of a valid government-issued photo I.D. MUST be attached to complete this application</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Home #: (____) _____</p> <p>Wk/Cell #: (____) _____</p> <p>Email: _____ DOB: _____</p> <p>Driver's Lic #: _____ State: _____</p> <p>Employer: _____</p> <p>Wk Addr: _____</p> <p>Years involved with CVI: _____</p> <p>Community affiliations (clubs, service orgs, etc.): _____</p> <p>Previous volunteer experience (what sports & year): _____</p> <p>Do you have children in CVISL? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes? Name/Team/Div: _____</p> <p>Have you ever been refused participation in any other youth programs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe each*: _____</p>	<p>Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:</p> <p>Name & Phone: _____</p> <p>(____) _____</p> <p>Name & Phone: _____</p> <p>(____) _____</p> <p>Name & Phone: _____</p> <p>(____) _____</p> <hr/> <p><i>As a condition of volunteering, I give permission for the Castro Valley Independent Sports League (CVISL) to conduct a criminal background check on me, which may include a review of sex offender registries, child abuse, and criminal history records. I understand 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 the CVISL, the officers, volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CVISL is not obligated to appoint me to a volunteer position. If appointed, I understand that any time during the season, I am subject to suspension and/or dismissal from the league by the Rules Committee for violations of CVISL's policies or principals.</i></p> <p>Applicant Signature: _____</p> <p>Print Name: _____ Date: _____</p> <p><small><i>Note : CVISL does not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.</i></small></p>
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<p>Have you ever been convicted of or plead guilty to any crime(s) (excluding infractions)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe each*: _____</p>	<p>FOR LEAGUE USE ONLY: Date completed: _____</p> <p>Background check completed by: _____</p> <p>Name/position of league officer: _____</p> <p>Systems used for background check: (Circle at least one)</p> <p>SEX OFFENDER REGISTRY CRIMINAL HX RECORDS CHECK</p> <p>Only attach to this application, copies of background check reports that reveal convictions of this applicant.</p>
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*(Please use reverse side as needed.)