



NOTICE OF BACKGROUND CHECK

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association (ASA) is a volunteer driven not-for-profit organization. One of ASA's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You have expressed an interest in becoming a member of ASA on a voluntary basis. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a "consumer reporting agency" called Comprehensive Information Services, Inc. (CIS), P.O. Box 79007, Pittsburgh, Pennsylvania 15216, customercare@cisonline.com, 800-452-8725. CIS's report may include information gathered from county, federal and/or statewide record searches, as guided by personal identifier information obtained through a Social Security Number trace. Note: Conducting a Social Security Trace does not access the subject's credit history nor affects the subject's credit score or credit rating.

Please note that by signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice for as long as you are a volunteer member of the ASA.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA as a volunteer member. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by CIS, another outside organization acting on behalf of ASA, and/or ASA itself. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

Include a Legible Photo Copy of your Driver's License Attached to this document.

Printed Name

Social Security Number

Signature

Driver's License Number & State

Date

Date of Birth

Sacramento Girls Softball League

Volunteer Application

Please circle position desired: Head Coach Manager

Please print

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell _____ Pager _____

Employer _____ Occupation _____

Address _____ Phone _____

Special training, skills, hobbies _____

Previous volunteer experience _____

Special certifications (CPR, etc.) _____

Do you have a child in the program? Yes / No Age level _____

Have you ever been convicted or plead guilty to any crime? Yes / No

If yes, please explain _____

Have you ever been refused participation in any youth event? Yes / No

If yes, please explain _____

Please list three references, at least one of which have knowledge of your participation as a youth program volunteer.

Name _____ Phone _____

1. _____

2. _____

3. _____

As a condition of volunteering, I give permission for SGSL to conduct a background check on me, which may include fingerprinting and a review of criminal and child abuse records maintained by government agencies. I understand that, if appointed my position is conditional upon SGSL receiving no inappropriate information on my background. I hereby release and hold harmless from Liability SGSL, the officers, employees, and volunteers thereof, or any previous appointment, SGSL is not obligated to appoint me to a volunteer position. If appointed, 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 violation of SGLS Bylaws and Rules.

Applicant _____ Date _____

Signature _____

Please read and initial:

I understand that the policy of Sacramento City Unified School District prohibits use of alcohol, drugs or tobacco on any school property. I am responsible for notifying family and guests that attend SGSL activities of this policy. I understand that SGSL can request that any person in violation remove him/her self immediately from school property, and may be banned from any SGSL activities for one year.

I understand that it is mandatory to attend all provided League Orientation(s), Meeting(s), and Clinic(s) regarding my volunteer position. The purpose is to cover all the rules and expectations of the position.

I understand that SGSL does not limit participation in its activities on the basis of disability, race, color, national origin, gender, sexual preference or religious preference.

League use only: New/ Returning Orientation _____ C/M Meeting _____ Draft _____ Reference Check _____ Criminal Background Check _____ Approved _____
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