

Bigfork Youth Baseball Association

Volunteer Enrollment & Release for Background Check

Name: _____

Email: _____

Phone #: _____

Cell #: _____

Coach

Assistant Coach

Team Parent

Team Parent

Umpire

Board Member

To Whom It May Concern:

I have applied for a volunteer position with the *Bigfork Youth Baseball Association* as a coach, assistant coach, umpire, or team parent. In connection with this application, I hereby authorize the *Bigfork Youth Baseball Association* to obtain any records available, which refers to my criminal history.

I hereby authorize any person or agency which receives this release from the *Bigfork Youth Baseball Association* to release any information concerning me that is maintained in said person(s) or agency(s) files including information of a confidential or privileged nature. I hereby release any person or agency, which releases such information to the Bigfork Youth Baseball Association, and the State of Montana from any liability or damage, which may result from furnishing the information, requested.

Please provide any information concerning the below individual to the following address:

Bigfork Youth Baseball Association
P.O. Box 1822
Bigfork, MT 59911

Applicant's Signature

Date Signed

Last Name: _____

First Name: _____

Middle: _____

Address: _____

City: _____

Zip: _____

Other Names Used (including maiden name): _____

Place of Birth (City / County / State): _____

Date of Birth: _____

Social Security #: _____

Driver's License # / State: _____

Bigfork Youth Baseball Association Use Only:

Application Reviewed By: _____ Date: _____

Application Status: _____ Accepted _____ Rejected

Expiration / Renewal (3 years from approval date): _____