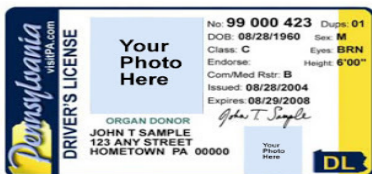


CQM Volunteer Application - 2019



A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name

First	Middle Name or Initial	Last
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Address

City _____ State _____

Zip _____ Date of Birth _____

Cell Phone _____

Business Phone _____

Home Phone: _____

E-mail Address: _____

Occupation: _____

Special professional training, skills, hobbies:

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball):

1. Do you have children in the program? Yes No

If yes, list full name and what level?

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? Yes No

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: _____

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 5 & 6, does not automatically disqualify you as a volunteer.)

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7. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

Coach Umpire Field Maintenance Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program: Name/Phone

By law, to volunteer with CQM Baseball, you must provide CQM with a copy of the following unexpired clearances: Pennsylvania Child Abuse Clearance, Pennsylvania State Police Clearance, and FBI Clearance OR Exemption from FBI Clearance. PLEASE ATTACH A COPY OF YOUR CLEARANCES.

CQM Only: This application and the attached clearances have been reviewed and approved by _____ on _____

I give permission for the CQM Baseball organization to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability CQM Baseball, the officers, coaches, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, CQM Baseball 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 CQM Baseball's policies or principles.

Applicant Signature _____

Date _____

If Minor/Parent Signature _____

Date _____

Applicant Name (please print or type)

NOTE: CQM Baseball will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.