



Romeo Girls Softball League

Youth Sport Volunteer Application

Name: _____

Name previously used: _____

Address: _____ E-mail: _____

Phone: _____ Cell: _____

Are you 18 years or older? ___ Coach Shirt Size: ___AS ___ AM ___AL ___ AXL ___ AXXL

Position volunteering for: _____

Does your child participate in the league? _____ If yes, child's name: _____

Have you volunteered with RGS before? _____ How many years? _____

Date of Birth: _____

Michigan Driver's License: _____

I hereby authorize the Romeo Girls Softball League to conduct, by an individual, a conviction only criminal background history search and sex offender registry search. I hereby consent to this search being conducted and to the disclosure of the result of that search to the Romeo Girls Softball Board of Directors. I further hereby release the individual conducting the search, and the Romeo Girls Softball League, from any liability, claims and damages, including but not limited to, claims for releasing any information revealed as a part of this search. I also understand and acknowledge that false information provided by me on criminal convictions will result in disqualification from volunteering with the Romeo Girls Softball League.

Signature: _____ Date: _____