La Habra Girls Softball Association
League Volunteer Application

Please fill in all of the information requested below and sign where indicated

FIRST NAME | MI | LAST NAME | SUFFIX

SOCIAL SECURITY# | BIRTH DATE | LHGSA DIVISION/POSITION

GENDER **M** **F** *(please circle one)* | DRIVERS LICENSE # | STATE/EXPIRATION

STREET ADDRESS/APT# | CITY | STATE | ZIP

EMAIL ADDRESS | HOME PHONE | CELL PHONE

EMPLOYER | ADDRESS | WORK PHONE

PERSONAL REFERENCE *(Non Relative Known at least 1year)*

FIRST NAME | LAST NAME | PHONE NUMBER

ADDRESS/CITY/STATE

PROFESSIONAL AND PRIOR VOLUNTEER REFERENCE *(Employment, Church, Youth League/Team, etc)*

FIRST NAME | LAST NAME | PHONE NUMBER

ADDRESS/CITY/STATE

ORGANIZATION NAME | RELATIONSHIP/AFFILIATION

FIRST NAME | LAST NAME | PHONE NUMBER

ADDRESS/CITY/STATE

ORGANIZATION NAME | RELATIONSHIP/AFFILIATION

DISCLOSURE *Please circle one (YES answer may not be automatic disqualification)*

Have you ever been convicted of or pled guilty to any crime(s)? YES NO

Have you ever been subject of any court order involving sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order? YES NO

If yes please describe in fill, indicate date(s) or crime(s) and which county/state each took place.

I understand the answers and information I have given are true to the best of my knowledge. I understand false information may terminate may from the position of Manager/Coach/Team Parent.

Signed:_____

LHGSA USE ONLY

APPROVED REJECTED Board Member Signature:_____ Date:_____

Reason Rejected:_____