



a golf little league

**Coach &
Volunteer
Registration Form**

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business/Cell Phone _____

E-mail Address _____

Date of Birth _____

Occupation _____

Employer _____

Social Security # (optional; mandatory upon request) _____

Special professional training, skills, hobbies _____

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

Previous volunteer experience _____

Do you have children in the program: Yes /No If yes, list full name _____

Special Certification (i.e. CPR, Medical, etc.) _____

Do you have a valid driver's license: Yes /No

Driver's License# _____ State _____

Have you ever been convicted of or plead guilty to any crime(s): Yes /No

If yes, describe each in full _____



As a condition of volunteering and /or coaching, I give permission for the _____ Affiliate of the USGLL organization to conduct a background check on me, 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 league receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability the local Affiliate League, USGLL, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the _____ Affiliate of the USGLL organization 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 the _____ Affiliate of the USGLL organization policies or principles.

Applicant Signature _____ Date _____



Mail completed forms to:
Rob Warholic
8 Newton Avenue
Binghamton, NY 13903

Inquiries to:
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