



Orange Park Athletic Association Volunteer Application

(*information required by Sheriffs Dept. and FDLE)

*Last Name: _____ *First Name: _____ *Middle Initial _____

Preferred placement: Head Coach (Manager), Assistant Coach, Team Mom

Preferred League Placement: _____

Child's Name/League: _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

NOTE: If you completed this form for the previous season, no additional information is required.

* * * * *

*Have you ever been known by any other name than listed above? _____ Yes _____ No

*If so, please list all aliases:

*Date of Birth _____ *Social Security # _____ *Race _____ *Sex _____

*Drivers License or State I.D. Card # _____ State of Issue _____

*Current Address: _____

*City _____ State _____ Zip Code _____

*Previous Address (if less than 6 mo.): _____

City: _____ State _____ Zip Code _____

Previous Experience Coaching: _____

Personal References: (include name, phone, & address)

1. _____

2. _____

3. _____

The following questions **MUST** be answered, or your application will not be considered.

1. Have you ever been convicted of a criminal offense? _____ Yes _____ No

2. Have you ever been arrested or charged for a crime involving children? _____ Yes _____ No

3. Have you ever been denied or suspended from any coaching position? _____ Yes _____ No

I fully understand that OPAA will process my application, with fair and consistent standards established, and in a confidential process. I understand my application may be rejected for any, but not limited to, of the reasons indicated in the volunteer screening information that I have provided. I agree to promote the spirit and regulations set forth by OPAA, and that my status may be revoked for non-compliance of these standards. I agree to attend training or instructional meetings provided by OPAA to comply with my request to be a volunteer. I give OPAA the permission to investigate my background, now and at periodic intervals. Reference checks and various reports through local and or federal bureaus will be reviewed. My signature below indicates I have read this application, and agree with all information provided and requirements requested of me.

Signature

Print full name

Date

(See reverse side)

The safety and wellbeing of our children, the willingness to participate, and the liability of OPAA is the basis of our criteria in selecting volunteers. Any questions concerning these criteria should direct their concerns to OPAA Board of Directors.

The following offenses subject an application to rejection.

1. Unfavorable references.
2. Prior documented incidents at OPAA and or any athletic association.

Criteria for immediate rejection of application

1. Any criminal offense related to abuse, neglect, or exploitation
2. Lewd or lascivious behavior, molestation, or inappropriate behavior with a minor
3. Battery or aggression
4. Domestic violence
5. Drug use or possession charges
6. DUI resulting in inappropriate behavior
7. Any felony conviction
8. Conviction under any other statute that would indicate an individual is unsuitable for a position with trust of a minor

Application approval does not guarantee specific placement of volunteer. Applicant participation may be limited due to past history of suspension or issues at OPAA. All applicants will be confidentially screened and maintained thru our screening committee process. Any applicant that is rejected thru this process will have the right to a confidential appeal by the screening committee.