



Orange Park Athletic Association
Volunteer Application

(\*information required by Sheriffs Dept. and FDLE)

\*Last Name: \*First Name: \*Middle Initial:

\*Current Address: \*City: \*State: \*Zip:

\*DOB: \*SSN: \*Race: \*Sex:

\*Drivers License / State I.D. Card #: \*State of Issue:

Home Phone: Work Phone: Cell Phone:

Email Address:

Preferred Placement:

- a) Head Coach (Manager) b) Assistant Coach c) Team Mom

League Placement:

- a) Non-Comp T-Ball b) Comp T-Ball c) 8u Baseball/Softball d)10u Baseball/ Softball e)12u Baseball/Softball f)14u/16u Softball g)15u Baseball

Childs Name & League:

Previous Coaching Experience:

Have you Coached in the last 2 Years: Where:

NOTE: If you completed this form from 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:

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

City: State Zip Code

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

- 1.
2.
3.

The following questions MUST be answered, or you 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 thru 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: Date:

OPAA Use Only

OPAA Rep Name: Date Verified:

Accepted/Rejected: Reason Rejected: