

DYBA Deerfield Youth Baseball & Softball Association

Volunteer Application

This application must be completed each year that you coach a DYBA team (**ONE** application per person per year).
Please **print neatly and clearly**, complete all requested information and sign on page 2

Application to volunteer in the following DYBA league(s): _____

Last Name _____ Legal First Name _____ MI _____

Nickname _____ Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Gender: M__ F__ Date of Birth (mm/dd/yy) _____ Social Security Number* _____

** Your social security number is required to perform an accurate background check. It will not be used for any other purpose.*

DISCLOSURE STATEMENT

I have read and understand that I may be disqualified and prohibited from serving as a volunteer of DYBA if, among other things, I have:

- 1) Been convicted (including crimes of record which have been expunged and pleas of “no contest”) of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child’s death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes, controlled substance crimes, or any other felony;
- 2) Been adjudged liable for civil penalties or damage involving sexual, physical or verbal abuse of children;
- 3) Been subject to any court order involving any sexual, physical or verbal abuse of a minor, including, but not limited to, a domestic protection order;
- 4) Had parental rights terminated;
- 5) A history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse of minors;
- 6) Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical or verbal abuse of minors;
- 7) A history of behavior that indicated I may be of danger to children in the DYBA program.

DISCLAIMER:

Do any of the above statements apply to you? Yes_____ No_____

If you checked “YES” to any disclosure item(s), please circle the number(s) and attach an explanation on a separate page.

Please read the statements on the following page, sign and date the form, and send both pages to:

DYBA
PO Box 421
Deerfield, IL 60015

WAIVER, CONSENT AND RELEASE OF LIABILITY:

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks). I hereby release and agree to hold harmless DYBA and its officers, employees and volunteers, and any person or organization that provides information for or to DYBA, concerning the use of or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with DYBA.

If accepted as a DYBA volunteer, I hereby agree to abide by the DYBA bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Board of Directors and understand that I may be removed as a DYBA volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this sport involves travel, participation on adverse field conditions, contact with considerable force and risk of severe, permanent injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation.

I further acknowledge that “DYBA” is primarily administered by volunteers rather than paid professionals.

In consideration of accepting the registration and permitting my voluntary participation in its programs for myself and on behalf of my heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless DYBA, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by DYBA and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to me or members of my family or my household or individuals I invite for whom I am otherwise responsible while participating in or present at any DYBA sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

I have read the above disclosure statement, waiver, consent and release of liability, disclaimer, assumption of risk and waiver, and acknowledge and consent agreements, fully understand the terms of each, understand that I have given up substantial rights by my signing this form and agreeing to these terms, and I sign this form and agree to these terms freely and voluntarily and without inducement of any kind.

Signature _____ Date _____