

**Basketball Association of Madison – Volunteer Application – 09/10 Season
(Coaches, Team Parent, Officials, Board Members)**

Name (first, middle, last): _____
Prior/Maiden Name or Aliases: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Email: _____ Work Email: _____
Employer: _____ Can you be contacted at work: YES NO
Date of Birth: _____ SS#: _____
Do you have a valid driver's license? YES NO Driver's License #: _____ State: _____

Children in program? YES NO If so, please list names and ages
(1) _____ Age: _____ Birthdate: _____
Age Group: Hi-Fives Sixers 7UB 8UB 8UG 10UB 10UG 12UB 12UG 14UB 17UG 17UB
Would you like to volunteer with this age group? YES NO
Circle Volunteer Position: Head Coach Assistant Coach Team Parent
If coaching, with whom? _____

(2) _____ Age: _____ Birthdate: _____
Age Group: Hi-Fives Sixers 7UB 8UB 8UG 10UB 10UG 12UB 12UG 14UB 17UG 17UB
Would you like to volunteer with this age group? YES NO
Circle Volunteer Position: Head Coach Assistant Coach Team Parent
If coaching, with whom? _____

(3) _____ Age: _____ Birthdate: _____
Age Group: Hi-Fives Sixers 7UB 8UB 8UG 10UB 10UG 12UB 12UG 14UB 17UG 17UB
Would you like to volunteer with this age group? YES NO
Circle Volunteer Position: Head Coach Assistant Coach Team Parent
If coaching, with whom? _____

List any clubs, organizations that you currently are involved in:

Coaching Experience:
(1) _____ Number of Years: _____ (3) _____ Number of Years: _____
(2) _____ Number of Years: _____ (4) _____ Number of Years: _____

Personal References: (non-relative, known at least 1 year)
(1) _____ Phone #: _____ (3) _____ Phone #: _____
(2) _____ Phone #: _____ (4) _____ Phone #: _____

Have you ever been convicted of a felony? YES NO

If yes, please explain:

Have you even been convicted of any crime involving minors? YES NO

If yes, please explain:

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

If yes, please explain:

Have you ever been refused to participate in any other youth program? YES NO

If yes, please explain:

I agree that all information on this form is complete and true. If accepted in the BAM organization as a coach, team parent, official or board member, I give permission to BAM to conduct a background check which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records. I agree that if appointed, my position is conditional upon BAM receiving no inappropriate information on my background. I also understand that BAM is not obligated to promise or appoint me to a volunteer position. If accepted by BAM for any volunteer position, I agree to abide by BAM rules, regulations, policies and all decisions and directions of the BAM board and that I may be removed as a BAM volunteer at any time with or without cause.

Signature: _____ Date: _____