

GCAA VOLUNTEER APPLICATION 2012

Please return to:

G.C.A.A.

P.O.Box 4

Garden City, NY 11530

Volunteer Application

Volunteer's Information:

Name: _____

(Please Print Clearly)

Address: _____

(Include Town)

Date of Birth: _____

Social Security (LAST FOUR NUMBERS ONLY)

#: _____

As a condition of volunteering, I give permission for the Garden City Athletic Association to conduct a background check on me, which will include a review of sex offender registries. I understand that, if appointed, my position is conditional upon the GCAA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the GCAA, Little League Baseball, 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 GCAA 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 GCAA or Little League policies or principles.

Applicant's Signature: _____ Date: _____

The GCAA is making it MANDATORY that all baseball and softball coaches become certified in CPR, concussion and asthma training for the upcoming season. You MUST be certified by opening day or you will not be allowed to coach.

Are you currently certified YES_____ NO_____

If NO then please refer to the below contact information and arrange to attend an upcoming training class.

The contact information for the course is as follows:

Nancy Mann

Coordinator for Community Training at Winthrop

516-663-4455

NMann@Winthrop.org

GCAA USE ONLY:

Serial #

Background Check Complete: