

Youth Sports Volunteer Application

(Must Be Filled Out Completely)

Sport: _____

Name: _____ DOB: _____

Maiden or Alias Names: _____

Address: _____

City, State, Zip: _____

(Circle ONE) Driver's License # OR Social Security #: _____

Email Address: _____ Tele#: _____

Circle: Coach Assistant Coach **Circle:** Boys Girls Mixed

Your Child's Name: _____ Child's Age: _____

Last Season's Team: _____ Age Division: _____

Special Notes:

The Bardstown Parks & Recreation Department will conduct background checks on all volunteers involved in youth sports. The background check is to ensure the safety of our children. Volunteers will not be allowed to participate if background checks reveal any crime, misdemeanor, or felony, involving a child as an accomplice or victim; felony drug crimes; sexual assault/rape; and any sort of physical abuse/battery.

I have read and understand a background check will be conducted and agree to the terms in the above paragraph.

Signature: _____ Date: _____

*Youth League Use Only:

Team: _____ Age Division: _____