



# Highland Park Baseball Association

Topeka, Kansas ○ established 1942

## VOLUNTEER APPLICATION & REGISTRATION

Team Name \_\_\_\_\_

Team Position \_\_\_\_\_  
(manager, coach, asst coach)

Name: \_\_\_\_\_  
(please PRINT first, middle and last name)

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Please answer all of the following questions:

1. Have you been convicted of a felony in the last ten years?  Yes  No
2. Have you ever been charged in a criminal or civil case of having committed an unlawful act with the use of a weapon or of having committed child or domestic abuse?  Yes  No
3. Have you ever been charged in a criminal or civil case of having committed an act of violence, or threatening an act of violence against another?  Yes  No
4. Is there now pending an investigation, or criminal or civil proceeding, in which you are the subject involving accusations of any of the matter referred to above?  Yes  No

I certify that to the best of my knowledge the information provided above is true and complete. As part of my application to volunteer for HPBA or a HPBA team, I give my permission for the team, league or national affiliates to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. This may include a review of the state sex offender registry in states where I reside or have resided. I understand that this information will be used, in part, to determine my suitability for a volunteer position and that as long as I remain a HPBA volunteer, the criminal history records check and motor vehicle driving record check may be repeated any time. Upon my request, I will have an opportunity to review any criminal history or motor vehicle driving records obtained.

**I WAIVE, RELEASE, AND DISCHARGE** HPBA, its national affiliates, teams, officers, directors, employees, volunteers, agents, and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated at any time with or without notice or cause at the option of HPBA, its national affiliates, teams, or at my option. Also, HPBA, its national affiliates, or teams may, at their sole discretion, decline to accept my application to volunteer with or without cause.

**In signing this application, I have read and understand the foregoing information, and I agree to the stated terms.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*\* FOR HPBA USE ONLY \*\*\***

Sex Offender Registry Check: Completed by \_\_\_\_\_ Date: \_\_\_\_\_ Approved Y N

This check will be completed by a HPBA official and must be completed for the team registration packet to be complete.