

VOLUNTEER APPLICATION

NAME:			
ADDRESS:			
PHONE NUMBER & TYPE:	Cell H	ome Work	
EMAIL:			
Which is the best way and time to reach you? PHO	ONE EMAIL AM PM		
TIME: DAYS:			
How would you like to help SALT Rugby?			
COACHING/SUPERVISION*	CONCESSIONS		
TRAVEL/TRANSPORTATION	HOSPITALITY		
PROFESSIONAL SERVICES	FUNDRAISING		
OTHER:			
*USA Rugby and Rugby Texas require our coaches what qualifications you have. We can help with the			
COACHING EXPERIENCE & QUALIFICATIONS:			

PAST VOLUNTEER EXPERIENCE-please list name of organization, contact person, and telephone number.

Name of Organization	Contact Pers	Contact Person		Telephone Number	
REFERENCES: please list pe	ople who can provi	de a personal or pro	ofessio	nal reference	
Name of Organization	Contact Person	Telephone Num	ber	Personal or Professiona	
Because you will be workir	ng closelv with child	ren. we will run ba	ckgroui	nd checks. Bv	
	and signing below,	you are giving SALT	Γ Rugby	permission to run	
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these background checks a	ind contact the refe	rences you have giv	cii abc	ve.	
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VOLUNTEER DISCLOSURE AND BACKGROUND CHECK

Each coach or other person executing this agreement represents and warrants that he or she has read and understands that he or she may be disqualified and/or prohibited from serving as an employee or volunteer of the Club if, among other things, he or she has:

- 1. Been convicted (including crimes of record which have been expunged and pleas of "no contest") of any crimes against children, including, but not limited to, crimes 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, criminal sexual conduct, prostitution-related crimes, child pornography, or obscenity;
- 2. Been convicted of, or pleaded guilty to, or pleaded no contest to, any other felony not listed above;
- 3. Been adjudged liable for civil penalties or monetary damages, or been subject to any court order (including, but not limited to, a domestic protection order), for acts or omissions involving sexual, physical or verbal abuse;
- 4. Had his or her parental rights terminated;
- 5. A history with another organization (volunteers, employment, etc.) of complaints of sexual, physical or verbal abuse;
- 6. Resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to one or more complaints of sexual, physical or verbal abuse;
- 7. Within the past ten (10) years has been convicted of, or pleaded guilty to, or pleaded no contest to, any alcohol or drug related driving offense; and
- 8. A history of any other crime or action that bears upon my fitness to have responsibility for the safety and well-being of children.

I, the undersigned, (Full Name): this agreement. By signing this document, I agree to the above.	have read and understand
VOLUNTEER'S SIGNATURE:	
Driver's License State and Number:	
BACKGROUND CHECK COMPLETED ON	BY