

## *HoopTime Basketball Volunteer Application*

I am applying to work as a volunteer for HoopTime Basketball. I agree to follow the direction and supervision of the Head Coach and the HoopTime Board of Directors, and follow all rules and policies. I understand that although HoopTime appreciates my services I serve solely at the will of HoopTime without compensation or benefits and that I have no authority to act on behalf of HoopTime Basketball. I promise that the following information is accurate and complete, and that I will inform the Board and the Head Coach of any changes in the information as soon as it occurs. I promise and affirm that I will make my best efforts to keep the participants I work with safe from harm, and that I will promptly inform HoopTime Basketball of any safety or other concerns which I may have in regard to my involvement with the program.

*Please Print all Information*

<b>Name:</b>		<b>Position:</b>	
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Home Email:</b>		<b>Work Email:</b>	
<b>Mailing Address:</b>			
<b>Street Address:</b>			
<b>Length of Residence at Current Address:</b>		<b>Birth Date:</b>	

<b>List prior addresses and dates of residence for past ten years:</b>

<b>Please list your prior experience working with youth, name of organization, age of youth, and description of activities:</b>

**List three references that have seen you work with youth and have knowledge of your character, experience and ability. Please list both phone numbers so we may contact your references.**

	<b>Name</b>	<b>Day Phone</b>	<b>Eve Phone</b>	<b>Relationship</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				

Have you been convicted of any felony crimes within the past 10 years? Yes No

Have you been convicted of any misdemeanor crimes within the past 5 years? Yes No

Have you ever been convicted of sexual abuse of a minor? Yes No

Have you ever been convicted of any crime where a minor is a victim? Yes No

Have you ever been convicted of a crime involving controlled substances? Yes No

If you have answered yes to any of the questions above, please complete the following:

	<b>Offense</b>	<b>Date of Conviction</b>	<b>Court Location</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

If requested, I will provide HoopTime with a printout of my criminal record from the State of Alaska, Department of Public Safety. My criminal record will be a part of my application as a volunteer and I understand that this application, the criminal record, and any information received by HoopTime is public and is subject to disclosure as are all public records.

I affirm that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I authorize my references to release to HoopTime any information they may have regarding my character and release them from any damage or claim for furnishing information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b><i>For HoopTime Board Member Use only – Initial Verification</i></b>					
<b>Verification (initial each):</b>					
<b>Interested Persons Report Check:</b>		<b>Reference Check:</b>		<b>Offense Check:</b>	
<b>Comments:</b>					
<b><i>Date</i></b>	<b><i>Signature</i></b>			<b><i>Title</i></b>	

***First Year Following Initial Application***

I affirm that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I authorize my references to release to HoopTime any information they may have regarding my character and release them from any damage or claim for furnishing information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b><i>For HoopTime Board Member Use only – Verification</i></b>		
<b>Comments:</b>		
<b><i>Date</i></b>	<b><i>Signature</i></b>	<b><i>Title</i></b>

***Second Year Following Initial Application***

I affirm that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I authorize my references to release to HoopTime any information they may have regarding my character and release them from any damage or claim for furnishing information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b><i>For HoopTime Board Member Use only – Verification</i></b>		
<b>Comments:</b>		
<b><i>Date</i></b>	<b><i>Signature</i></b>	<b><i>Title</i></b>