

## PBYBA Volunteer Application

Read this form and fill out completely.

### **The Criminal Background Check process:**

Anyone wishing to volunteer for any position within the PBYBA organization is required by Florida law to submit to a Criminal Background Check. The background check is conducted by the Risk Mitigation Director. Volunteers fill out this form and submit it to the Risk Mitigation Director. This director conducts a background check on **all volunteers**. If information is obtained which disqualifies a volunteer from a position a special board meeting will be held to review each case. The identity of the potential volunteer will not be disclosed to other board members during the review process. If the board votes to disqualify the potential volunteer the volunteer may appeal in person at a special board meeting. At this meeting the vote will result in a final decision. **As a nonprofit private organization the PBYBA reserves the right to reject any applicant for any volunteer position.**

PBYBA follows the National Alliance for Youth Sports (NAYS) guidelines for disqualifiers in a background check.

### **Automatic Disqualifiers:**

Conviction, pending convictions of, or pending trial for the following things should be considered automatic disqualifiers for a volunteer position.

**Violent Crime** (assault / battery / domestic violence / resisting arrest with violence)

**Crime of a Sexual Nature** (sexual assault, rape, possession of pornography)

**Drug or Narcotics Felony** (within the last 15 years)

**Any crime, misdemeanor or felony, involving children as either an accomplice or victim.**

**Animal Cruelty**

**Weapons Violations, Falsification of Information on this Volunteer Application.**

### **Possible Disqualifiers:**

Conviction, pending convictions of, or pending trial for the following things will be reviewed by the Board on a case-by-case basis.

**Driving under the Influence or while Intoxicated** (within the last 15 years).

**Misdemeanor drug charges** (within the last 15 years)

**Vehicular Manslaughter** (no time limit)

**Petty Theft** (within the last 15 years)

**Multiple Driving Citations/Accidents** (within the last 15 years)

Any change in the volunteer's criminal record during the season **MUST** be reported to the PBYBA Risk Mitigation Director immediately.

**Have you ever been charged with an offense against the Law other than an occasional traffic violation?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you ever been convicted of an offense against the Law other than an occasional traffic violation?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**(if yes, explain fully the charge(s), result, and other details on an attached sheet).**

I have read the above information: Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Falsification of information on this form will result in disqualification for position of volunteer within the PBYBA organization. All information on this form is considered strictly confidential. Per Florida law that became effective July 1, 2014, records must be maintained for at least five (5) years.

**You may be required to have a criminal check with fingerprints at no cost to you.**

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**Authorization to perform a Criminal Background Check (MUST BE NOTARIZED)**

I hereby authorize the officers of the PBYBA to perform a criminal background check using my personal information voluntarily provided by myself below.

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

State of Florida, Brevard County

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020 by

Printed Name: \_\_\_\_\_ who is Personally Known \_\_\_\_\_  
or Produced Identification \_\_\_\_\_ List type of ID

My commission expires:

Seal

\_\_\_\_\_  
Notary Public State of Florida

Printed Name \_\_\_\_\_

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Position applying for (check) : Coach or Assistant Coach: \_\_\_\_\_ Other: \_\_\_\_\_

Personal Information (**Please Print Clearly**).

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Ph. # \_\_\_\_\_

Fl. DL# \_\_\_\_\_ email: \_\_\_\_\_

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

**If a Brevard resident for less than 10 years please provide previous addresses and SSN:**

Address 2: \_\_\_\_\_ Dates: \_\_\_\_\_

Address 3: \_\_\_\_\_ Dates: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Updated: February 2020