

## Criminal Background Check

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security# (optional; mandatory upon request) \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball an year): \_\_\_\_\_

Do you have children in the program? Yes \_\_\_ No \_\_\_ If yes, list full name and what level? \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s)? Yes \_\_\_ No \_\_\_  
If yes, describe in full: \_\_\_\_\_

Have you ever been refused participation in any other your programs? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more)

League Official \_\_\_ Coach \_\_\_ Umpire \_\_\_ Field Maintenance \_\_\_ Manager \_\_\_ Scorekeeper \_\_\_  
Concession Stand \_\_\_ Other \_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Miracle League of El Paso to conduct a background check on me which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Miracle League of El Paso, the National Miracle League Association, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Miracle League of El Paso is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Director and removal by the Board of Directors for violation of Miracle League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: The Miracle League of El Paso, Inc. and the National Miracle League Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**Miracle League of El Paso Use Only:**

Background check completed by league officer \_\_\_\_\_  
on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry \_\_\_ Criminal History Records \_\_\_ \*Choicepoint \_\_\_

*\* Please be advised that if you use Choicepoint and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from Choicepoint in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

*Only attach to this application copies of background check reports that reveal convictions for this application.*