

# Ocee Park Baseball/Softball 2008 Volunteer Form Requirements For OPAA and City of Johns Creek



## Read Carefully: Time Sensitive Important Information

**Required Volunteer Forms:** As of August, 2007, the City of Johns Creek has assumed responsibility for all background checks associated with any and all volunteers working in City parks including Ocee Park. To facilitate background checks on all Ocee Park volunteers, there are several forms and pieces of information that are required from each individual:

- City of Johns Creek Form H (Volunteer Application)
- Ocee Park Athletic Association (OPAA) Volunteer Form
- City of Johns Creek GCIC Background Check Authorization Form
- Photocopy of a valid/current Driver's License

**Who is Required to Submit Forms:** Forms are required from all team managers, assistant coaches, concession stand workers, umpires, and team moms. Basically, any individual that will be working in any capacity with the OPAA program is required to submit the forms.

**When are Forms Due:** By February 11th (for Spring 2008 season)

**Return forms to:** OPAA mailbox at Ocee Park Concession Stand or mail to:

OPAA  
10945 State Bridge Road, Suite 401, PMB145  
Johns Creek, GA 30022  
Attn: Volunteer Forms

**Where can I obtain the Forms:** All of the forms are available from the Ocee Park website in a single PDF download for convenience. Do not forget to include a photocopy of your driver's license.

**How often do forms need to be submitted:** The City of Johns Creek and OPAA volunteer forms, including the GCIC background check form, are valid for one year and can therefore cover both a Fall and Spring season. The copy of your driver's license will be retained on file and only needs to be submitted once until your license is renewed or you are issued a new driver's license for any reason.

**Why is this Necessary:** The City of Johns Creek and OPAA consider the care and safety of our program participants as our primary responsibility and these forms and the associated checks are designed to enhance the level of safety of the program.

**Cost to you as a volunteer:** No cost.

**Georgia Crime Information Center  
Consent Form**

PRINT LAST NAME \_\_\_\_\_

I hereby authorize CITY OF JOHNS CREEK to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex      Race                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for **365 days** from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

\*\*\*\*\*

NO RECORD ON FILE                       SID \_\_\_\_\_

OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Johns Creek Recreation and Parks Department**  
**2007 Volunteer Application, Release, and Consent**

I hereby apply to be a volunteer for the Johns Creek Recreation & Parks Department. I understand that if selected to be a volunteer I may not receive any financial compensation for my time and that I am responsible for my expenses. I further understand that my services as a volunteer will not be for any specific length of time or duration.

I understand that in order to be considered for a volunteer opportunity I must first successfully pass a background screening process. I hereby authorize the City to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency. I understand that other criteria will be evaluated by the City to determine my ability to carry out the duties and responsibilities related to my application to be a volunteer. I understand that if selected to be a volunteer it is a privilege, not a right, and that as a volunteer for the City of Johns Creek, I would be an ambassador for the City and therefore would represent myself professionally and with integrity at all times. I would adhere to the terms and conditions as set forth for the volunteer opportunity for which I am applying.

I acknowledge the risk of injury while performing volunteer services for the City of Johns Creek, and I knowingly assume those risks; I accept the responsibility for my participation, including transportation to and from all activities associated with my volunteer services, and I represent that I am in sufficient good health and physical condition to undertake my volunteer services.

I release, discharge and hold harmless to the fullest extent permitted by law, the City of Johns Creek, the City of Johns Creek Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions, or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my participation as a volunteer for the City of Johns Creek.

I consent that my name, photograph, image, and/or likeness may be used, in perpetuity, by the City of Johns Creek for promotional and information purposes in print, on the City website, and in other media.

PRINT FULL NAME	SIGNATURE	DATE
ADDRESS	CITY STATE ZIP	
*SEX	*RACE	*DATE OF BIRTH
*SOCIAL SECURITY NUMBER		
*The above information is necessary to retrieve criminal history information.		
PHONE: (H) _____ (W) _____ EMAIL: _____		
APPLYING TO VOLUNTEER FOR (SPORT/ACTIVITY) _____		
How long have you lived in the state of Georgia? _____ If less than 5 years, please list your most recent out-of-state resident address: _____		
Have you ever been convicted of a criminal offense?	NO	YES
Have you ever been convicted of a crime involving bounced checks or stolen money?	NO	YES
Have you ever been convicted for use or sale of illegal drugs?	NO	YES
Has your driver's license ever been suspended or revoked?	NO	YES
Have you ever been convicted of child neglect or abuse?	NO	YES
Do you currently hold a valid Georgia Driver's License?	NO	YES
Do you have any pending offenses?	NO	YES



# Ocee Park Babe Ruth League® Volunteer Application

## Volunteer Application for Managers, Coaches, Umpires, and Team Parents



A copy of valid government issued photo identification must be attached to complete this application (i.e. driver's license, passport, etc.).

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Do you have children in the program? Yes  No

If yes, at what levels? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any youth programs? Yes  No

If yes, explain: \_\_\_\_\_

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

League Official  Coach  Umpire  Team Mom/Dad

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 Ocee Park Athletic Association 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 not receiving any inappropriate information on my background. I hereby release and agree to hold harmless from liability Ocee Park Athletic Association, Babe Ruth League, Inc., the officers, volunteers, and employees thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments to volunteer positions, Ocee Park Athletic Association is in no way 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 President of OPAA and removal by the Board of Directors for violation of league policies, code, or principles. Further, if denied an appointment, no explanation from OPAA or its officers or officials is required.

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

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

### Local League Use Only:

Background check complete by league officer \_\_\_\_\_

on \_\_\_\_\_

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

Sex Offender Registry  Criminal History Records

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