



ALTERNATIVE BASEBALL ORGANIZATION

ALTERNATIVE BASEBALL™ / ALTERNATIVE BASEBALL ORGANIZATION, INC.

VOLUNTEER APPLICATION 2019

(PLEASE DO NOT USE ONE FROM PRIOR YEARS)

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: ____/____/____

(IF UNDER 18, PLEASE FILL PARENTAL PERMISSION FORM ON PAGE 3)

DO YOU HAVE ANY PRIOR EXPERIENCE IN AUTISM/SPECIAL NEEDS WORK AND/OR COACHING BASEBALL? YES NO (Check one)

IF YES, PLEASE EXPLAIN:

SPECIAL CERTIFICATION (CPR, MEDICAL, ETC.): YES NO

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

Umpire Assistant Coach Scorekeeper Other: _____

PLEASE ATTACH COPY OF COMPLETED BACKGROUND CHECK

AS A CONDITION OF VOLUNTEERING, I give permission for the Alternative Baseball Organization and AFFILIATE to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the affiliate receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Alternative Baseball AFFILIATE, Alternative Baseball Organization, Inc., 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, Alternative Baseball Organization (or said AFFILIATE) is not obligated to appoint me to a volunteer position. If appointed, I understand that, I am subject to suspension by the President and removal by the Board of Directors for violation of Alternative Baseball policies or principles.

Applicant Signature _____ Date _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

NOTE: The local Alternative Baseball Organization affiliate and Alternative Baseball Organization, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED NO CONTEST OR GUILTY TO ANY CRIME(S)?

YES NO

If yes, please describe in full: _____

(Answering yes does not automatically disqualify you as a volunteer.)

DO YOU HAVE ANY CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

YES NO

If yes, please describe in full: _____

(Answering yes does not automatically disqualify you as a volunteer.)

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS?

YES NO

If yes, please explain:

Permission to Use Photograph/Film

I grant to the Alternative Baseball Organization, Inc., and it's representatives/affiliates the right to take photographs and moving pictures of me and my property in connection with the above -identified subject. I authorize my affiliated Alternative Baseball club, Alternative Baseball Organization, Inc., its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that my affiliated Alternative Baseball club and Alternative Baseball Organization, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand all of the above.

X _____ SIGNATURE

**RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL
TREATMENT**

Realizing the nature of this program, it's physical demands, and how important it is to follow the rules, regulations, and instructions outlined by the staff of self-affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc., and any of its venues, I am, to the best of my knowledge in good health and able to participate in the program. I authorize the staff of my affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc. & any of its host venues to organize required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. The undersigned hereby forever release, discharges, and covenants to hold Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its host venues, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the recreation program sponsored by my affiliated Alternative Baseball chapter/club, Alternative Baseball Organization, Inc., and its venues. The undersigned hereby bind their heirs, administrators, executors and successors. Further this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This release and hold harmless agreement shall constitute a full and complete release of any and all claims.

NOTE: ALTERNATIVE BASEBALL DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

X _____ APPLICANT NAME

DATE SIGNED: ____ / ____ / ____

ALTERNATIVE BASEBALL ORGANIZATION

PARENTAL PERMISSION FORM

LEGAL PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

I, the parent/guardian, hereby give my approval to their participation in all Alternative Baseball Organization, Inc. and AFFILIATE activities during the year. I understand that the program, and any media companies conducting stories/documentaries may take pictures or video of events in which my child participates and owns any such images which include my child and may use it in any manner. I hereby waive, release, absolve, indemnify, and agree to hold blameless Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its host venues, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the recreation program sponsored by my affiliated Alternative Baseball chapter/club, Alternative Baseball Organization, Inc., and its venues.. I also waive, release, absolve, indemnify, and agree to hold blameless Alternative Baseball Organization, and its administrators, and staff for any and all injuries or accidents that may occur on or around the ball park. I also agree to hold blameless Alternative Baseball Organization, the affiliate, and all people rendering medical attention in case of my absence.

GUARDIAN/PARENTAL SIGNATURE