

Applicant Name (Please Print):

Background Screening Request Form

Last	First	М	iddle
Social Security Number: _		_ (Required)	
Date of Birth:/ Month D	/ (Required) ay Year		
Present Address (No P.O.	Box addresses):		Phone#
City C	ounty	State	Zip
and well being of all citizer employees, contractors, pa owned fields and facilities Burnet Youth Soft information received from determining applicant's elig	ns. In order to provide a carticipants, volunteers, a will be screened. Dall and Baseball Associate background check a gibility as an employee, ociation, and with the you	safe and secure a and volunteers of y ation will incur all pplications and re contractor, volunte	eball Association to ensure the safety tmosphere for our community, all routh program partners utilizing county costs of the background screenings. All ports will be used for the purpose of eer or participant with Burnet Youth at uses Burnet Youth Softball and
Student Intern, Contractor, A. Arrested or convicted	Casual labor, Volunteer of any crime involving s for any type of violent crown of any crime involving ill	r Applicant will be a exual misconduct rime. legal drugs or alco	with or against a minor.
			rmine whether the incident is related to be based on a minimum of the last five
Categories(Check one): □ Employment □ Vendor □	□ Instructor □ Volunteer		

The Burnet Youth Softball and Baseball Association reserves the right to make changes to the Background Screening Eligibility Criteria whenever deemed necessary for the safety and protection of our community without notification to the applicant. Race (circle one) Black White Hispanic Asian/Pacific Islander American Indian Other ______ Sex: (circle one) Male Female I understand the above information is true and will be utilized to determine eligibility for volunteering or providing a service with Burnet Youth Softball and Baseball Association. Applicant Signature Print Name Date Please List All Other Names You Have Used: (i.e. Alias, Maiden) ADMINISTRATION USE ONLY BYSBA Approval: Board Member Submitting: _____ Site Location: Receive Date: Volunteering Position: Submission Date:

Retrieval Date:

Results: Pass Fail Date: ____