



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: \_\_\_\_\_