

Cambridge CAP Volunteer Registration Form

All information disclosed is kept confidential.

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip _____

Birth Date _____ Social Security Number _____

Phone: Home _____ Work _____ Cell _____

Email Address _____

Have you resided in any other State in the past 10 years? _____ If yes, please list: _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If you said yes, please explain: _____

Volunteer Areas of Interest:

_____ Coaching Youth Sports

_____ Youth Center

_____ Aquatic Program

_____ Summer Camps

_____ Special Events

_____ Senior Programs

_____ Boards/Committees

_____ Food Pantry

Other _____

*If you checked coaching, please indicate sport and level: _____

What is your background in the sport that you wish to coach? _____

What is your coaching experience? _____

Have you volunteered with other organizations? Yes _____ No _____

If yes, with whom did you volunteer with? _____

Please list two references:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

(continued on back)

In an ongoing effort to protect program patrons, staff and the integrity of the CAP, we require background and/or criminal history checks on all volunteers and staff. I acknowledge that my signature below confirms that all statements made on this application are truthful and accurate. I further understand these statements may be subject to confirmation. Signing this document provides my authorization to the Cambridge CAP to conduct criminal background checks, as needed, to determine suitability for placement, and I hereby release all parties from any liability from furnishing this information.

Furthermore, by acting as a volunteer on behalf of the Cambridge CAP, I hereby pledge to:

- Conduct myself in a professional manner at all times
- Exhibit good sportsmanship and fair play
- Treat all children equally, including my child
- Inspect all playing areas to ensure that they are safe for play and practice
- Ensure that my participants have positive, fun experiences while participating
- Remember that I am working with children who will often make mental and physical mistakes
- Make all decisions based on the best interest of the children
- Avoid all inappropriate actions or behaviors which could harm a participant’s emotional or physical well being

I understand that my behavior as a volunteer reflects upon the Cambridge CAP; therefore, I understand that my failure to act in an appropriate manner could lead to disciplinary action and possibly removal of me as a volunteer. I will be subject to the following consequences:

- Verbal warning issued by CAP Director
- Written warning issued by CAP Director
- Suspension or immediate ejection from a youth sporting event
- Suspension from coaching for a period of time to be determined by the CAP Board

By signing this form, I am agreeing to the above terms.

Signature

Date

Director’s Signature

Date

Background

