City of Evansville

www.ci.evansville.wi.gov

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PO Box 76
Evansville, WI 53536
(608) 882-2266 phone
(608) 882-2282 fax

Volunteer Application and Authorization to Conduct Background Check

Please print legibly. All information requested is required.

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City State Zip

Date of Birth: _____ Social Security No.: _____

Phone: _____ Email address: _____

Have you ever been convicted of any crime(s)? Yes No
If yes, describe each conviction, in full: _____
_____

Have you ever been refused participation in any other youth program? Yes No
If yes, explain: _____
_____

Consent and Authorization to Conduct Background Check

As a condition of volunteering and/or working for the City of Evansville baseball program (The City), I hereby consent and agree as follows:

1. **Verification**. All the information provided above is true and correct.

2. **Background Check**. I understand The City conducts criminal background checks on all persons who volunteer and who have contact with The City youth participants on a regular basis. I am providing the above information to The City with the understanding that The City will use the information to conduct a criminal background check on me in ***each and every calendar year that I serve as a volunteer for The City***. I consent to The City's use of the above information for that purpose. I agree to update the above information whenever requested by The City. I understand The City's background check will include a review of sex offender registries, child abuse, and criminal history records. I understand and agree that if The City receives any inappropriate information as a result of checking my background, The City will not place me in a volunteer position.

3. **Conditions of Volunteering**. I understand and agree that The City is not obligated to appoint me to a volunteer position, regardless of the results of my background check and any previous volunteer positions I may have held with The City. I understand and agree that if The City does appoint me to a volunteer position, I will always be subject to suspension by the Administrator and removed for violation of The City policies and principles and upon The City's receipt of any inappropriate information on my background.

4. **Storage and Future Use of Information**. I understand and agree that The City will keep the above information confidential from all person except the Administrator and The City's Designated Background Check Coordinator. I understand and agree that The City will maintain the information for so long as I remain appointed to any volunteer position for The City. I understand and agree that The City will destroy this application in the event that I am not appointed to a volunteer position with The City for 12 months or more.

5. **Discrimination**. I understand that The City and its affiliated entities will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

6. **Release and Hold Harmless**. I hereby release and agree to hold harmless from liability The City, all its affiliated baseball entities, the officers, employees, and volunteers thereof, and any other person or organization that may provide any information in connection with my background check.

Applicant Signature: _____ Date: _____