



# Winter Springs Babe Ruth Adult Volunteer Application Baseball & Softball Programs

DIV \_\_\_\_\_  
BB / SB

Volunteers LAST Name      FIRST Name      MI

Street Address      City      Zip Code

Home Phone      Cell Phone

Email Address

Employer      Phone      ext.

**NOTE All families will participate up to four (4) hours in Concession Stand operations during league and special event activities at Central Winds Park and adjacent soccer field pavilions.**

In addition I would like to: **Manage**  **Coach**   
SOFTBALL: 6U  8U  10U  12U  16U  18U   
BASEBALL: T-Ball  Rookies  Minors  Majors  Juniors  Seniors

Previous Experience  
WSBR  Other League: \_\_\_\_\_ BB  SB  Coach  Manager

Team \_\_\_\_\_ Division \_\_\_\_\_

I have other skills that would benefit WSYS / WSBR and would like to volunteer in the following ways:  
**Other**(please specify)  \_\_\_\_\_

- I certify the following:
- I am not using illegal substances.
  - I do not abuse alcohol.
  - I am not currently, nor within the last three years, have been under psychiatric or psychological care, the nature of which would affect my relationship with any League children.

- I give permission for WSYS to conduct background checks that include, but are not limited to:
- Criminal history.
  - Sexual offender registries.
  - Fingerprinting.

By signing below I understand that to remain in good standing with the WSYS / WSBR I must comply with the rules and regulations of the Babe Ruth Inc, WSYS / WSBR and abide by the requirements of the Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing my name I am acknowledging this agreement and confirming all the information is accurate. MM/DD/YYYY

|   |  |                   |
|---|--|-------------------|
| <b>LEAGUE USE</b>   | Manager <input type="checkbox"/> Coach <input type="checkbox"/>  | <b>LEAGUE USE</b> |
|   | Softball: <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 16U <input type="checkbox"/> 18U Team: _____                        |                   |
|   | Baseball: <input type="checkbox"/> T-Ball <input type="checkbox"/> Rookies <input type="checkbox"/> Minors <input type="checkbox"/> Majors <input type="checkbox"/> Juniors <input type="checkbox"/> Seniors Team: _____ |                   |
|   | Background Check: <input type="checkbox"/> Already on File <input type="checkbox"/> Needs Completed <input type="checkbox"/> Approved <input type="checkbox"/> SafeKid form  |                   |
| Mandatory Training Requirement: <input type="checkbox"/> BR Online Certification <input type="checkbox"/> Coaches/Managers Clinic <input type="checkbox"/> Rules Clinic |  |                   |