



**TOWNSEND ASHBY
YOUTH BASEBALL AND SOFTBALL**

VOLUNTEER APPLICATION PACKAGE

VERSION 5.0 - UPDATED 02/10/2019

TAYBS Volunteer Application

Thank you for your offering your time to volunteer with the Townsend Ashby Youth Baseball & Softball League. We are always looking for more help so that we can provide the best possible baseball and softball experience for our children. This application may be returned via email at volunteer@taybs.org, mailed to PO Box 443, Townsend, MA 01469, or handed to any active TAYBS Board Member.

When returning this application, please include:

- A completed signed copy of this Volunteer Application
- A completed signed copy of the CORI Acknowledgement Form
- A completed signed copy of the Volunteer Release and Waiver of Liability Form
- A color copy of a valid Driver's License (or equivalent Photo Identification)

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix
_____	_____	_____	_____
Date of Birth	Gender	Cellular Phone	
_____	_____	_____	
Email Address		Cellular Phone Carrier	
_____		_____	
Current Street Address	City	State	Zip
_____	_____	_____	_____
Signature of Applicant		Date	
_____		_____	

Please check which volunteer positions you are interested in:

Coaching General Volunteer TAYBS Board of Directors

If you are looking to coach, please also complete the following:

Do you have a family member or friend who participates in our league? Who? _____

Are you looking to manage a team as the head coach, or be an assistant coach? _____

Have you coached with TAYBS in the past, and if so which year and team? _____

Which one of our programs are you looking to coach? Baseball or Softball? _____

Which division are you looking to coach? (T-Ball, Rookie, Minor, Major, Senior) _____

Do you have any previous coaching experience, and if so where? _____

Do you have any previous playing experiences, and if so where? _____

Our coaches are the face of our organization and we look to them to promote our league and encourage our players to participate in league wide events and fundraisers. Are you ok with this? _____

Our coaches must be able to manage their teams and communicate to their parents using our website, and it does require a basic technological skillset. Are you ok with this? _____

The time commitment for our teams that are Rookie level and higher is typically two to three days per week for games, and two to three days per week for practice. Are you ok with this? _____

Do you have any other information you would like to provide to us to help with your evaluation?

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability releases the Townsend Ashby Youth Baseball League, The Town of Townsend, Massachusetts, The Town of Ashby, Massachusetts, The North Middlesex Regional School District and each of their respective directors, officers, employees, and agents ("The Organizations"). It is my desire to provide volunteer services and engage in activities related to serving as a volunteer.

I understand that the scope of my relationship is limited to a volunteer position and that no compensation is expected in return for services that I provide; that I will not be provided any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services.

1. Waiver and Release: I release and forever discharge and hold harmless The Organizations and their successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that this release discharges The Organizations from any liability or claim that I may have against The Organizations with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to The Organizations or occurring while I am providing volunteer services.
2. Insurance: Further I understand that The Organizations do not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of The Organizations beyond what may be offered freely by The Organizations in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge The Organizations from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with The Organizations.
4. Assumption of Risk: I understand that the services I provide to The Organizations may include activities that may be hazardous and/or inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release The Organizations from all liability.
5. Other: As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Printed Name

Volunteer Signature

Date



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Criminal Justice Information Services



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

Townsend Ashby Youth Baseball & Softball (TAYBS), EIN #04-3185271, is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for screening current and otherwise qualified prospective employees, coaches or other volunteers.

As a prospective or current employee, coach or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to TAYBS to submit a CORI check for my information to the DCJIS. This authorization is valid during the entirety of my time with the Townsend Ashby Youth Baseball & Softball league. I may withdraw this authorization at any time by providing TAYBS with written notice of my intent to withdraw consent to a CORI check. Upon notification of authorization withdraw, I understand that I will no longer be eligible for employment or allowed to coach or volunteer in any capacity with the league. I understand, that TAYBS will automatically conduct subsequent CORI checks at least once per calendar year.

I understand that I may be disqualified from working, coaching or volunteering for TAYBS at any time if any of the following are true:

- Have ever had a conviction for Child Abuse or Domestic Violence
- Have ever had a conviction for a Sex Offence or Misconduct
- Have ever had a conviction for a Violent Felony
- Have had a conviction for any Felony within the past 10 years
- Have had a conviction for any Misdemeanor within the past 2 years
- Have any pending convictions and/or arrests for any of the above items

**PLEASE
PRINT**

By completing the form below and entering my signature, I am providing my consent to all current and future CORI check by TAYBS.

Last Name	First Name	Middle Initial	Suffix
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Former Last Name 1	Former Last Name 2	Former Last Name 3	Former Last Name 4
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Date of Birth	LAST SIX numbers of Social Security Number
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Gender	<u>American Indian -or- Asian -or- Black -or- Other -or- White</u> Race (Please Circle One)
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Current Street Address	City	State	Zip
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Father's Last Name	Father's First Name	
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Mother's Last Name	Mother's First Name	Mother's Maiden Name
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Signature of CORI Subject	Date
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IDENTITY VERIFICATION	_____ CORI Subject Driver's License or ID Number	_____ State of Issue
_____ Verified by TAYBS Board Member (Print Name)	_____ Verified by TAYBS Board Member (Signature)	_____ Date

Photo Identification

To process your application, you must include a full color copy of the front of your driver's license. If you do not have a driver's license available, can you use another government issued identification such as a passport or school identification.

If you do not have access to a color scanner, you can text a copy of your license to 978-729-3383.



PLACE ID HERE
PHOTO FACING UP