



# VOLUNTEER FORM

**ALL FIELDS MUST BE COMPLETED. FAILURE TO DISCLOSE CRIMINAL HISTORY WILL DISQUALIFY YOU AS A VOLUNTEER FOR TAPRC.**

**I am interested in volunteering for the following (circle all that apply):**

HEAD COACH      ASST. COACH      PARENT HELPER

**FULL Legal Name (first, middle last):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** Male Female **Race** \_\_\_\_\_

**Have you ever been arrested or convicted of a crime ? Yes No      If yes, describe each conviction in full in an attachment to this form. (FAILURE TO DISCLOSE CRIMINAL HISTORY WILL DISQUALIFY YOU AS A VOLUNTEER)**

*Disclosure: All applicants must answer the questions above. Any misrepresentation may disqualify the applicant as a TAPRC volunteer. TAPRC acceptance of an applicant will be based on the existing program policies. ALL volunteers must notify TAPRC of any arrests after the completion of this form.*

*By affixing my signature on this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at practices, games or other activities ("EVENTS") sanctioned by the TAPRC as well as **IN CONSIDERATION OF** my being able to enter into or upon the premises or facilities where the EVENTS are or will be taking place. **WAIVER, CONSENT AND RELEASE OF LIABILITIES:** I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless TAPRC and its officers, employees and volunteers and any person or organization that provides information for or to TAPRC concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with TAPRC. I acknowledge that I have the right to receive a copy of any background check report secured by TAPRC. Please contact TAPRC if you would like to receive a copy of your background check. If accepted as a TAPRC volunteer, I hereby agree to abide by the TAPRC Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the TAPRC Board Members, Program Director, advisors, and staff, and I understand that I may be removed as an TAPRC volunteer at any time with or without cause.*

**I HAVE READ THE ABOVE DISCLOSURE STATEMENT AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM TAPRC IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_