MOBALE Volunteer Application

Summer SEC

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Wednesday time available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Thursday time available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Friday time available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Saturday time available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Whole camp

Check the night(s) you need housing.

☐   Wed. ☐     Thurs. ☐    Fri.

     \*All applicants staying overnight will be required to provide a background check.

Sports of Interest: teach assist

* Goalball ☐ ☐
* Beep baseball ☐ ☐
* Rock climbing ☐ ☐
* Swimming ☐ ☐
* Gymnastics ☐ ☐
* Track and Field ☐ ☐
	+ specify event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Zumba/Yoga ☐ ☐
* Archery ☐ ☐
* Fencing ☐ ☐
* Wrestling ☐ ☐
* Martial Arts ☐ ☐
* other ☐ ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Background attached
* Safesport attached
* USABA discloser attached

For questions please contact : mobalesports@gmail.com

Please provide above documents to:

Michelle Mason

899 Middlesex Rd

Topsham, ME 04086

Thank you for your application to volunteer for this year’s summer sports education camp.  Those offering full time will have priority. All other applications will be considered in the order they are received and as need is determined.  You will be notified as to your acceptance within 15 days of the event.  This will give you plenty of time to submit your background check.

## Employee/Volunteer Disclosure Statement - United States Association of Blind Athletes

To be completed by each employee/volunteer who will have direct contact with athletes under the age of 18.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ \_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_



1.     Background in Youth Sports (as Coach, Mgr., Official or other type): Add add’l sheet if necessary.

### Position Held League/Team Name Date(s) City/State

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2. Previous Residence(s) for the last 5 years:

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3. Have you ever been convicted of a crime? If yes, please explain. Use additional sheets if necessary.

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\_\_NA\_ I am subject to maintain a current background check for other reasons and can submit proof.

\_\_NA\_\_ I am willing to submit to a background check every two years at my own expense.

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of The United States Association of Blind Athletes is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that The United States Association of Blind Athletes or its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date