

HICKORY HILLS YOUTH BASEBALL CHILD PROTECTION REGULATION

Regulation:

As a condition of service to the league, all Board Members, Managers, Coaches, or any other volunteers or hired workers who provide regular service to the league and/or have repetitive access to, or contact with players or teams, must complete and submit an official HHYB Volunteer Application to the Player Agent. Annual background screenings must be completed prior to the applicant assuming his/her duties for the current season. Refusal to annually submit a fully completed volunteer application must result in the immediate dismissal of the individual from the local league.

The Volunteer Application must be maintained by the Player Agent for all personnel named above for a minimum of the duration of the applicant's service to the league for that year.

Hickory Hills Youth Baseball shall not permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor. HHYB may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors. Any individual who has been arrested but has not plead or been found guilty of a crime involving a minor will be suspended from the league until such charges have been dropped or the applicant has been found not guilty.

The Hickory Hills Police Department shall conduct the background checks using applicable government operated statewide sex offender registries and criminal history databases. The police department will notify the Player Agent of any convictions on an applicant's background check. The Player Agent shall notify the Applicant by registered letter. The applicant may appeal to the Executive Board only if he or she can provide proof that a mistake involving the conviction has been made.

Hickory Hills Youth Baseball Volunteer Application

A copy of a valid government issued photo identification must be attached to complete this application.

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

Date of Birth _____ Social Security Number _____

Occupation _____ Employer _____

Employer Address _____

Community Affiliations _____

Previous Volunteer Experience _____

Do you have a child in the program? Yes _____ No _____ What level? _____

Do you have a valid drivers license? Yes _____ No _____ D/L # _____

Have you ever been convicted or plead guilty to any crime(s)? Yes _____ No _____

If yes, describe each in full _____

Have you ever been refused participation in any other youth programs? Yes _____ No _____

If yes, explain _____

In which area are you volunteering? Board Mem _____ Mgr _____ Coach _____ Other (explain) _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program;

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

As a condition of volunteering, I give permission for Hickory Hills Youth Baseball to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Hickory Hills Youth Baseball receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Hickory Hills Youth Baseball, Pony Baseball Incorporated, Hickory Hills Police Department, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Hickory Hills Youth Baseball is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by and/or removal by the Board of Directors for violation of HHYB policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print) _____

Note: Hickory Hills Youth Baseball will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

League Use Only:

Background check completed on: Date _____ Accepted by: _____

System used for background check; Sex Offender Registry _____ Criminal History Records _____

Only attach to this application copies of background check that reports that reveal convictions of this applicant.

Social Security Number and Drivers License Number will be deleted upon completion of background check.

**HICKORY HILLS PARK DISTRICT / YOUTH BASEBALL
VOLUNTEER CONSENT, WAIVER AND RELEASE
FOR CRIMINAL BACKGROUND CHECK**

The Hickory Hills Park District Board of Commissioners has enacted a policy for all youth organizations desiring the use of Hickory Hills Park District athletic fields/gym. The policy requires that this form authorizing a criminal background check for felony convictions relating to inappropriate behavior with youth be completed by the team manager/coach. The Hickory Hills Youth Baseball Association has agreed to cooperate with this policy. The team manager must complete this form prior to requesting a permit for field use. **PLEASE READ THE FORM CAREFULLY AND PROVIDE THE INFORMATION REQUESTED. ALL BLANKS MUST BE COMPLETED.**

I understand that agreeing to allow the Hickory Hills Park District to conduct a criminal background check I am waiving and releasing all claims for damages I might sustain arising out of the criminal background check and review.

I further understand that completion of a criminal background check is a requirement in applying for a permit for use of Park District fields/gym.

I agree to waive and relinquish all claims I may have against the Hickory Hills Park District and Hickory Hills Youth Baseball Association, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

I have read and fully understand this WAIVER AND RELEASE FO ALL CLAIMS.

Signature

Date

Printed Name

Address

Drivers License Number

Social Security Number