



PLEASE NOTE: A copy of valid government-issued identification must be attached to this application.

Full Legal Name: _____ Date: _____
 Date of Birth (mm/dd/yyyy): _____ Social Security Number (at least 4 digits): _____
 Valid Driver's License #: _____ Prior/Maiden Names or Aliases: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Telephone: _____
 Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a Hawk Sports Camp:

Name: _____ Nature of Relationship: _____
 Length of Time Known: _____ Phone: _____
 Name: _____ Nature of Relationship: _____
 Length of Time Known: _____ Phone: _____
 Name: _____ Nature of Relationship: _____
 Length of Time Known: _____ Phone: _____

Are you a minor? Yes No **If yes, your parent/guardian needs to complete the section below.**

Yes No I approve of HSC running a standard background check on my minor and understand that all information retrieved will remain private with only the HSC Volunteer coordinator seeing the results.

Parent/Guardian Signature

Date

Occupation: _____ Employer: _____
 Address: _____ State: _____ Zip: _____
 Previous states resided in over the past 5 years
 1. _____ 2. _____ 3. _____ 4. _____

(see next page)



Special professional training, skills, hobbies: _____
 Community Affiliations (Clubs, Service Organizations, etc.): _____
 Previous/current volunteer experience (i.e. baseball/softball and year): _____

Special Certifications (i.e. CPR, medical, etc.): _____ If so, what level? _____

In which of the following would you like to participate? (check one or more)
 Head Coach Asst. Coach EMT/First Aid Volunteer Board Member Other

Have you ever been convicted of a felony? Yes No If yes, provide your current legal status (parole, etc.): _____

Have you ever been convicted of ANY crime involving or against a minor? Yes No

Have you ever pleaded guilty to any other crime? Yes No If yes, please explain: _____

Have you ever been refused participation in any other youth programs? Yes No If yes, please explain on other side

Shirt Size: (adult sizes - check one) S M L XL XXL

Privacy Policy: Please be advised that Hawk Sports Camp, LLC (hereby referred to as "HSC") does not sell or release contact information to any non-affiliated organization. However, HSC and/or its official partners may contact you about special offers and promotions for time to time. However, these partners are not permitted to retain your information for future use unless you specifically grant them permission. You may opt out of these communications at any time by contacting the HSC office. NOTE: HSC will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Binding Arbitration Policy: If appointed, I hereby understand and agree that any and all civil disputes by and between me, and any and all affiliated parties will be subject to binding arbitration in the locale of the HSC in Comal County, Texas. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between me, HSC and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, as a condition of volunteering, I will abide by all terms and instructions of the board members, coaches and president of HSC. I hereby grant permission to HSC to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records. I understand and agree that, if appointed, my position is confidential upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability HSC, the board members, staff and volunteers thereof and/or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HSC is not obligated to appoint me a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the president and removal by the HSC Board for any and all violations of HSC policies or principles.

Applicant Signature

Date

For Hawk Sports Camp, LLC Association Use Only

Please print the name of the individual who completed the background check on the volunteer: _____

Date Completed: _____

Volunteer who performed the background check: _____ In what state: _____

Board Member approval: _____

Online multi-state database used: Intellicorp Rap sheets Other (specify): _____

Note: If you use a State Sex Offender Registry, you must also use another background check source. HSC VOL APP 3.15.10