



Edgefield County Recreation Department

Adult Volunteer Application Form

(All information obtained herein will be held in the strictest confidence)

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Sex: _____ Race: _____

Home #: _____ Work/Cell #: _____

Date of Birth: _____ Social Security #: _____

Email Address: _____

League Coaching: _____ Team Coaching: _____

I hereby apply to participate with the Edgefield County Recreation Department. By submitting this application, I agree to the following:

* I will abide by the articles of Incorporation, By-Laws and any rules and regulations of the Edgefield County Recreation Department and its Leagues whether enacted prior to or subsequent to this application date.

* I consent to a criminal background check by the Department and agree to abide by the Departments guidelines regarding such checks and decisions based on such checks.

* I agree to indemnify and hold harmless the Edgefield County Recreation Department its leagues, officers, employees, volunteers and board members, for any and all injuries or damages- both physical and monetary- which I may sustain as a result of participation in the department in any manner whatsoever. I understand the dangers involved in such a league, and accept them and assume any and all risks associated therewith, foreseen and unforeseen, and whether or not caused by any adult or child participating in the department.

X _____ Date of Application: _____

Applicant Signature

FOR LEAGUE USE ONLY

Criminal Check Ordered _____ Application Referred to Board _____

Criminal Check Received _____ Application Withdrawn _____

Application Approved _____ Application Denied _____

Verified by _____ Date _____