



Hawaii Pony Baseball, Inc. Volunteer Application

Affiliated Organization: _____ Season: 20_____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Email Address: _____

Phone (Day): _____ (Evening): _____ (Cell): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

In case of emergency, please contact (Name): _____

(Relationship): _____ Phone: _____

Are you 18 years of age or older? Yes No

Have you ever been discharged from volunteering? Yes No If so, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

BACKGROUND CHECK AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Hawaii Pony Baseball Inc., I hereby authorize Lexis Nexis, on behalf of Hawaii Pony Baseball Inc., to procure a nation-wide criminal background check. This report will be acquired by Lexis Nexis using the Social Security Number Verification and any other source required that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Date

Social Security Number*

Date of Birth *

*For identification purpose only

Volunteer/Applicant Signature