



HASTINGS YOUTH ATHLETIC ASSOCIATION

Volunteer Disclosure and Certification

- Please check volunteer job:**
- Coach
 - HYAA Board Member
 - Assistant Coach
 - Volunteer Coordinator
 - Coach's Helper
 - Division Coordinator
 - Team Manager
 - Bench Manager

- Sport applied to coach - circle one**
- Softball - Travel / In-House /
 - Baseball - Travel / In-House /
- Child Name:** _____
- Age:** _____ **Grade:** _____

POLICY STATEMENT

It is the policy of the Hastings Youth Athletic Association (HYAA) that any individual who has a legally documented history of child molestation or other record that would bring an unnecessary risk to the health and safety of those participating in our youth baseball, and/or softball programs shall not be allowed to hold a position within HYAA that provides authority or control over youth players. Positions of authority include, but are not limited to, HYAA board members, directors, team coach, assistant coach, coach's helper, team manager, coordinators, etc.

PERSONAL INFORMATION (Please Print)

(First Name, Middle Initial, Last Name)	(Date of Birth)
(Address, City, Zip)	() (Phone)
(Maiden, Alias, or Former Name)	(Email)

DISCLOSURE

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of a crime of violence? | YES | NO |
| 2. Have you ever been convicted of a crime against a person? | YES | NO |

If you answered yes to either question, please explain on the back of this form.

CERTIFICATION

I certify that I have completed this form truthfully. I understand that it is the intent of HYAA to deny volunteer participation to any individual with such a criminal history or who willfully misrepresents their history. I also understand the information furnished on this form is subject to verification, which may include a request to the Bureau of Criminal Apprehension (BCA) to perform a background check on me under Minnesota Statutes Chapter 299C, 62, Section 40.

(Signature)	(Date)
-------------	--------

Note: Should you be denied volunteer participation, you have the right to obtain a copy of any record or report upon which that decision is based.

Authorized before me this _____ day of _____, 20_____
 _____, my commission expires:

Notary Public
 Note to Notary: by signing this document you are verifying that you have been shown picture ID for identification and date of birth verification.

Mail notarized form to: HYAA, Cindy Lyon, 3485 Red Wing Blvd, Hastings, MN 55033