

PlayAllBasketball Parent/Player Volunteer Affidavit



Location \_\_\_\_\_
Volunteer Position \_\_\_\_\_
Date of Event \_\_\_\_\_
Manager Name \_\_\_\_\_

Dave Smith
President

Ph: 248-672-5894
Fx: 248-625-6090
dave@calldavesmith.com

PlayAllBasketball.net
7217 Sashabaw Road
Clarkston, MI 48348

Thank you for volunteering to assist PlayAllBasketball. Please complete the following affidavit to help PAB to provide a safe, secure learning environment.

I, \_\_\_\_\_, the undersigned volunteer, affirm that whether as an adult or juvenile, I have at any time:

Check yes or no. Provide explanations to any YES items including dates.

YES NO
\_\_\_\_\_ been convicted of, pleaded guilty to (whether or not resulting in a conviction), pleaded nolo contendere or no contest to, been diagnosed as having or treated for any mental or emotional condition arising from, resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter, or thing (irrespective of the formal name thereof), constituting or involving (whether under criminal or civil law of any jurisdiction):

YES NO
\_\_\_\_\_ any felony
\_\_\_\_\_ any misdemeanor
\_\_\_\_\_ rape or other sexual assault
\_\_\_\_\_ drug/alcohol - related offenses
\_\_\_\_\_ abuse of a minor or child, whether physical or sexual
\_\_\_\_\_ incest
\_\_\_\_\_ kidnapping, false imprisonment or abduction
\_\_\_\_\_ sexual harassment
\_\_\_\_\_ sexual exploitation of a minor
\_\_\_\_\_ sexual conduct with a minor
\_\_\_\_\_ annoying / molesting a child
\_\_\_\_\_ lewdness and/or indecent exposure
\_\_\_\_\_ lewd and lascivious behavior
\_\_\_\_\_ obscene literature
\_\_\_\_\_ assault, battery, or other offense involving a minor
\_\_\_\_\_ endangerment of a child
\_\_\_\_\_ any misdemeanor or other offense classification involving a minor or to which a minor was a witness
\_\_\_\_\_ unfitness as a parent or custodian
\_\_\_\_\_ removing children from a state or concealing children in violation of a law or court order

FOR SECURITY USE ONLY

Date / Explanation \_\_\_\_\_

Volunteer \_\_\_\_\_ Driver's License # \_\_\_\_\_
(First, Middle, Last - PLEASE PRINT CLEARLY)

Sex \_\_\_\_\_ Race: White / Black /Asian / American Indian / Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

For Volunteer Drivers: I possess a valid driver's license and my vehicle complies with state and federal laws and I carry auto insurance including a minimum of \$100,000/\$300,000 of liability coverage. Visual Confirmation of Insurance Date \_\_\_\_\_

The above statements are true and complete to the best of my knowledge. This signature authorizes the PlayAll LLC dba PlayAllBasketball to complete a criminal records check with the proper law enforcement agency.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

PlayAll LLC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Fingerprinting Required: Yes [ ] No [ ]