Disclosure and Authorization

In connection with my application to serve as an independent contractor or volunteer with USA Softball, Inc., its affiliates, and/or any of its local associations (collectively "Client' or "USAS"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc. (or any successor USAS contractor), a consumer reporting agency as defined by the Fair Credit Reporting Act (hereinafter "Protect Youth Sports"). These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if USAS makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Washington State only:	Residents of Minnesota and Oklahoma only:
Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.	Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the email address you provide on this Disclosure and Authorization.
Residents of New York only:	Residents of California and Maine only:
Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.	Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the email address you provide on this Disclosure and Authorization.
Print Name: Last Name First Name	Middle Name/Initial Phone #
	Email Address
Social Security Number <u>SSN may be requested at a later time</u> Date of Birth/ Desired Position with USAS	
Driver's License NumberState	USAS ID Card Member #
Current AddressCi	ty:CountyStateZIP
Prior Address (if within last 5 years)Ci	ty: County StateZIP
Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization	
Applicant Signature	Today's Date (12-16a Rev)
www.protectvouthsports.com	

Protect Youth Sports, Inc., 14499 Dale Mabry Hwy, Ste 201 South, Tampa, FL 33618, Phone: 877-319-5587 Fax: 800-319-5582

SOUTHERN CALIFORNIA USA/ASA VOLUNTEER APPLICATION FORM

Today's Date
Last Name
rust name
Address
Zlp
Home Phone
Work Phone
FAX
How late can you be called at home at night?
Is your phone line separate from the rest of the family? (Not a requirement)
If you have a fax, is it in your computer or a separate fax machine?
Do you have a dedicated fax line? Can you be called at work by ASA Staff only?
What is your background in softball?
If you are/were associated with a J.O. Recreation League, how long? What
League?
City:
City: Other? Other?
In what capacity were you involved?
Are you currently involved with a Rec League and in what capacity?
If you are/were associated with a J.O.Travel Team, how long?
What Age Group?
What was the Team's Name?
Affiliated with ASA or other?
In what capacity were you involved?
Are you currently involved with a Travel Team
and in what capacity?
If you are/were associated with an Adult Program, how long
and in what capacity?
Womens Mens Fastpitch Slowpitch Modified
Since you have expressed an interest in volunteering for Southern California ASA, what are some areas of
the program that you would be interested in working
with?
Adult Youth Travel Rec Umpire
Player Assoc. Coaches Assoc. Other