

**Tri-Cities Girls Fastpitch Softball Association**  
Volunteer Waiver and Background Check Authorization Form  
*To be Completed by Volunteer*

Please print all requested information in order to register as a volunteer and to have TCGFSA perform a background check.

**Name:**

Have you ever used another name? (i.e. nick name, maiden name, other last names) Please list below

**I am a Coach:**  **I am volunteering for Coach:**

**Date of birth:**

**Address:**

  

**Phone:**

**Email:**

Have you ever been convicted of a crime?

If you answered yes, please give an explanation

I hereby authorize Tri-Cities Girls Fastpitch Softball Association to run a Washington State background check on me prior to my volunteering to help in their league. I understand that the information will not be shared with other parties and will only be used in determining my eligibility to help with the girls.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could keep me from volunteering in this organization.

**Signature:**  **Date:**