



Souderton Area Baseball and Softball League, Inc.

Volunteer Name: _____
Last First Middle

Volunteer position that I am interested in serving in for the SABL _____

I am the parent/guardian of the following child/ren below

Child's Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

N/A - no children in the league

Waiver of Federal Criminal History Report Requirement
Volunteers who affirm the statement below shall not be required to
obtain and submit the Federal Criminal History Report.

I affirm that I have been a resident of Pennsylvania during the entirety of the previous ten-year period and that I am not disqualified from service based upon a conviction of an offense under §6344 of Act 134.

Date

Signature of Volunteer