

VOLUNTEER FORM

Date: _____

NAME: _____ AGE: _____

ADDRESS: _____

HOME #: _____ CELL: _____

EMAIL: _____

DRIVER LICENSE #: _____

SHIRT SIZE: _____

CHILD'S NAME: _____ AGE: _____
(If coaching your child's team)

Pleased be advised that a background check must be conducted. Mandatory as per State of NJ and City Law.

Protect Youth Sports: <https://opportunities.averity.com/PassaicDeptofRec> (\$12.00 Fee)

**(All information obtained will remain strictly confidential)*

ACTIVITIES/SPORTS THAT YOU WOULD LIKE TO VOLUNTEER FOR:

1. _____
2. _____
3. _____
4. _____

Are you a certified Rutgers S.A.F.E.T.Y. coach? Yes _____ No _____

The Rutgers S.A.F.E.T.Y. Clinic (*Sports Awareness for Educating Today's Youth*™) is a three-hour program that meets the "Minimum Standards for Volunteer Coaches Safety Orientation and Training Skills Programs" (N.J.A.C. 5:52) and provides partial civil immunity protection to volunteer coaches under the "Little League Law" (2A:62A-6 et. seq.)

**Certification is now mandatory to participate – NO EXCEPTIONS
(THIS IS A ONE TIME FEE OF \$40.00)**

Quote: The heart of a volunteer is priceless!