

**METRO RICHMOND OFFICIATING SERVICE**  
A DIVISION OF OLD DOMINION OFFICIALS ASSOCIATION  
HIGH SCHOOL SOFTBALL UMPIRE APPLICATION FOR MEMBERSHIP

APPLICATION FOR (check one):  NEW MEMBER  RETURNING MEMBER  TRANSFER MEMBER  
[Please PRINT Clearly]

FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

1<sup>ST</sup> NAME PREFERRED ON PHONE LIST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City Zip

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY (ARBITER) EMAIL ADDRESS: \_\_\_\_\_

SECONDARY EMAIL ADDRESS: \_\_\_\_\_

WHAT IS YOUR MONDAY-THROUGH-FRIDAY DAYTIME (WORK) ZIP CODE: \_\_\_\_\_

NUMBER OF PREVIOUS YEARS REGISTERED IN SOFTBALL WITH THE V.H.S.L.: \_\_\_\_\_

NUMBER OF PREVIOUS YEARS UMPIRING FAST-PITCH SOFTBALL (ANY LEVEL): \_\_\_\_\_

IF YOU ARE A TRANSFER, FROM WHERE ARE YOU TRANSFERRING?: \_\_\_\_\_

HAVE YOU REGISTERED WITH THE VHSL THIS SCHOOL YEAR IN ANOTHER SPORT? \_\_\_\_\_

IF YES, WHAT SPORT? \_\_\_\_\_ COMMISSIONER'S NAME: \_\_\_\_\_

DO YOU ALREADY HAVE A VHSL ID NUMBER? \_\_\_\_\_ IF "YES", LIST: 111- \_\_\_\_\_ - \_\_\_\_\_

PLEASE ENTER RECRUITER OR SPONSOR'S NAME: \_\_\_\_\_

LIST OTHER SOFTBALL/BASEBALL UMPIRING GROUPS YOU CURRENTLY BELONG TO AND YEARS OF SERVICE (e.g. AAU, ASA, BABE RUTH, NCAA, NSA, PONY, SOFTBALL NATION, USSSA. etc.)

INDEPENDENT CONTRACTOR AGREEMENT

I agree to serve as an independent contractor with respect to any assignment that I accept. Further, I agree to hold MROS/ODOA, its Commissioner, and Board of Directors harmless and free from any and all liability for injury and damage sustained as a result from my assignment. I understand and agree to attend the VHSL State Softball Rules Clinic and all local mechanics clinics, work scrimmages, and take written examinations as required.

I understand that registration does not carry any obligation on the part of the Commissioner for a specific number of assignments. Any assignment that I receive is subject to cancellation by the Commissioner if he/she deems such cancellation to be in the best interest of MROS/ODOA.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

COMPLIANCE WITH CODE OF VIRGINIA §22.1-296.1

I, the undersigned, under penalty of perjury, certify that I have never been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child, have never been convicted of a crime of moral turpitude, and have not been the subject of a founded case of child abuse or neglect.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_