

CONFIDENTIAL

CHURCHVILLE RECREATION COUNCIL VOLUNTEER APPLICATION

Thank you for applying to become a manager, coach, assistant coach, instructor, or volunteer in the Churchville Recreation Council Baseball Program. Churchville Recreation Council is committed to providing our participants with coaches that best understand the sport they are coaching, as well as their role in working with children in a youth sports setting. You will find questions on this form about your background and experience. We hope you will understand that, unfortunately, there are a few people who apply for volunteer coaching positions for the wrong reasons. Churchville Recreation Council, however, makes an active effort to ensure that our program selects people who would best promote the values of our program. So even though we may know you well, we will conduct appropriate background and reference checks on all volunteer coaches. It's just one of many ways we help protect the many participants who are involved with our program.



<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Applying for (Circle one)</i> Manager/Coach/Asst Coach/ Instructor/Volunteer	<i>Program</i>	<i>Age Group</i>
<i>Do you have children in the program?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, state reason for coaching:</i>	
<i>Experience in Program</i> _____ Years Played	<i>Coaching Experience</i> _____ Years Coaching	<i>If prior coaching experience, list sport and age level (s):</i>
<i>Have you ever been relieved of your coaching duties for any youth sports program?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, please explain</i>	

BACKGROUND CHECK AUTHORIZATION

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Former Name(s) and Dates Used</i>		
<i>Address</i>	<i>City, State, Zip</i>	<i>Month / Year to Month/Year</i>
<i>Previous Address</i>	<i>City, State, Zip</i>	<i>Month / Year to Month/Year</i>
<i>Previous Address</i>	<i>City, State, Zip</i>	<i>Month / Year to Month/Year</i>
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Driver's License Number</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Email Address</i>

CERTIFICATION

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Churchville Recreation Council** and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative report will include the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions and a nationwide all 50 state sex offender registry check.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to **Churchville Recreation Council** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. **Churchville Recreation Council** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

<i>Signature</i>	<i>Date</i>
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