



Monroeville Area YMCA

YOUTH SPORTS VOLUNTEER APPLICATION

Name: _____ Date: _____ Date of Birth: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone # _____ Work Phone # _____ Email: _____

Occupation: _____ Business: _____

Type of volunteer position you are applying for:

Coach _____ Assistant Coach _____ Official _____

Sport _____ Age group you prefer to work with _____

List experience with this sport:

Describe the skills/experience/certifications you possess that would help you succeed as a volunteer in this sport:

Do you have a child presently involved in a YMCA youth sports program? _____

If yes, indicate child's name _____

Have you ever volunteered as a coach for the YMCA? _____ Branch _____

Have you ever been convicted of a crime except a minor traffic violation? _____

Have you ever been removed or requested not to coach before in any league? _____

Have you authorized the YMCA to conduct a background check within the past 12 months? _____

Signature

Date

Office Use Only

Criminal Background Check _____

Code of Conduct _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Monroeville Area YMCA** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Monroeville Area YMCA** 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.

Monroeville Area YMCA 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.

Signature: _____ Date: _____