Voices of Faith Coach/Volunteer

Background Screening Application

(A copy of a valid government issued ID must be attached)

All Volunteers/Coaches who have direct contact with youth athletes during scheduled practices, games and other activities must complete this application and sign the Background Screening Acknowledgement section.

Coach/Volunteer Information

Full Legal Name _____Date of Birth ___/___/___
Previous (or Maiden) Name _____
Current Address _____
City _____State _____Zip Code _____
County _____Phone #(_____)_____

Provide all residences in last 10 years, attach additional sheets if necessary
Prior Residence: City _____State _____Zip_____County_____
Dates _____to _____
Prior Residence: City _____State_____Zip_____County_____

Applicant's Qualifications

1. Education Level: HS Diploma _____ College _____ Graduate School _____
2. Years of Coaching Experience: _____
3. Number of Coaching Certifications: _____
4. Please indicate additional information, qualifications, and/or comments you feel are pertinent to keep on file with your VOF Application.

Background Screening Acknowledgment

Have you ever been convicted of or plead guilty to any crime(s) or been charged with DWI/DUI?
Yes_____No_____
If yes, please explain: (attach additional sheet if necessary)
_____
_____

As a pre-condition to serving as a Voices of Faith Coach/Volunteer, I give permission to Voices of Faith Ministries, including one of its Associations, to conduct criminal background screening on me, which will include a review of sex offender registries, child abuse, and criminal history records. I hereby release and hold harmless from liability Voices of Faith Ministries, the officers, employees, agents, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States. I further understand that previous acceptance as a Voices of Faith Ministry Coach/Volunteer does not obligate Voices of Faith Ministries to accept my current application. I understand that if my application is denied, I am entitled to provide proper documentation to prove any discrepancies.

Social Security #_____Valid Driver's License #_____
State Issued _____
Applicant Signature (Required) _____ Date _____
Type or Print Name (Required) _____