



SGSA COACHES APPLICATION

FULL NAME (FIRST, MIDDLE, LAST): _____

PREVIOUS NAME, MAIDEN, OR NICKNAME: _____

DATE OF NAME CHANGE OR MARRIGE DATE: ____/____/____

MAILING ADDRESS: _____

HOME PHONE :(_____) _____

CELL PHONE: (_____) _____

DATE OF BIRTH: ____/____/____ GENDER: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EMAIL ADDRESS: _____

Have you ever been convicted of a crime? YES / NO (circle one)

If YES, please explain _____

Are you Rutgers Safety Certified or Babe Ruth Certified? YES / NO

** Please provide a copy of your certification to the board

Did you coach softball in SGSA last season? YES / NO

The team Sponsor & Division you coached for last season _____

Shirt size: Small Medium Large X-Large XX-Large

All persons completing this form must read and sign below: I consent to have the Stafford Girls Softball Association use this information above to conduct a background check to determine whether an allegation of child abuse or a criminal allegation has been substantiated against me. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Note: Pursuant to federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and gender will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15)



STAFFORD GIRLS SOFTBALL ASSOCIATION

Date: _____

Name: _____

Prior/Maiden/Aliases: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____

States resided in the past 5 years: _____

Date of Birth: _____

Social Security Number _____ - _____ - _____

Occupation: _____

Employer: _____

Address: _____

Phone #: _____

Years of Employment: _____

Do you have a valid driver's license? YES _____ NO _____

Driver's License #: _____

Issuing State: _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous/current volunteer experience (e.g. baseball/softball and years): _____

Do you have children in the program? YES _____ NO _____

Special Certification (i.e. CPR, Medical, etc.): _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, provide your current legal status (parole, etc.) _____

Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____

If yes, explain: _____

Have you ever plead guilty to or been convicted of any other type of crime? YES _____ NO _____

If yes, explain: _____

Have you ever been refused participation in any other youth programs? YES _____ NO _____

If yes, explain: _____

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge and if I am accepted as a volunteer, Stafford Girls Softball Association may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Stafford Girls Softball Association to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records. I understand and agree that, if appointed, my position is conditional upon the league receives no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Stafford Girls Softball Association, the officers and volunteers thereof, and/or any other organization that may provide such information. I also understand that, regardless of previous appointments, SGSA is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of their municipal policies or principles.

Applicant Name: _____

Applicant Signature: _____

Date: _____