



Volunteer Coach Application

Name: Last _____ First _____ Middle _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Sex: Male _____ Female _____

Have you ever volunteered for the Davidson County Youth Football before? Yes _____ No _____ If yes, when: _____

In what capacity? _____

Have you ever been convicted as an adult for a violation of the law? Yes _____ No _____ If yes, please explain in detail:

Coaching Preference
(Check All That Apply)

Boys _____ Girls _____

Football				
Peewee				
Little League				
Junior Peewee				

By my signature below, I verify that information I have provided is true and complete. I also confirm that I will notify and update the Davidson County Youth Football of any changes to the information provided. I further authorize the Davidson County Youth Football to conduct a criminal background check with the complete understanding that all information provided by me will be kept confidential.

Signature: _____ Date: _____

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For Office Use Only

Background Screening Completed: _____ Application _____ Accepted _____ Denied



Criminal Background Check

A criminal records check will be conducted on all potential volunteer coaches that participate with the Davidson County Youth Football. Records checks will occur once in a 365 day period. Please allow up to 5 days for the record check to take place. Applicants will not be allowed to coach in any way until the application process is complete and the coaching selections are approved by the DCYFL Director.

Applicants will be disqualified from volunteering as a youth sport coach for Davidson County Youth Football if they were ever convicted of the following (no time limit):

- a) Any crimes against children
- b) Any conviction involving violence.
- c) Any sexual offense.

In the event charges are brought against the applicant during the coaching period, the applicant shall be suspended from serving until such time as the charges have been cleared or dropped and he/she is reinstated.

In addition, applicants may be disqualified if they have been convicted of the following:

- a) Any felony conviction.
- b) Any drug related conviction.
- c) More than one alcohol related conviction.

PLEASE COMPLETE THE FOLLOWING:

Name: _____ (Full Name)

Date of Birth: _____ Social Security Number: _____-_____-_____

Driver's License Number: _____

Address: _____ City: _____ Zip Code: _____

If you have lived outside of the state of North Carolina within the last 10 years, please list previous addresses: (If additional space is needed, please use back of form)

City State Zip Code

City State Zip Code

BACKGROUND CHECK AUTHORIZATION

As an applicant, to be a volunteer coach for Davidson County Youth Football, I hereby authorize Davidson County Youth Football to conduct a criminal records and background check. I understand that the disclosure of a record may result in automatic disqualification from coaching. Moreover, I hereby release Davidson County Youth Football from any civil or criminal liability whatsoever for seeking the requested information and for evaluating such information as it relates to my volunteer coaching application with Davidson County. I understand the information received will be treated in a confidential manner. I agree to notify Davidson County Youth Football in the event charges are brought against me during my coaching tenure. I also understand that approval of a background check does not imply that my coaching application will be approved.

Applicant Signature

Date _____

For Office Use Only

Date of Background Check: _____

This Background Check has been performed by: _____

Sources of Background Check:

1. _____

2. _____

3. _____

4. _____

5. _____

Findings:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

This Applicant has been: Approved:_____ Denied:_____

Recreation Director Signature

Date _____