



## Cumberland County Magic Girls' Softball Organization

### Coaching Application

Please complete the following application and return to:

Mail: Cumberland County Magic  
390 Alexander Spring Road  
Carlisle, PA 17015

Email: [ccmagicgirlssoftball@yahoo.com](mailto:ccmagicgirlssoftball@yahoo.com)

All information must be completed as it is used to obtain insurance as well as to complete a background check.

#### Personal Information:

Full legal name (first, middle initial and last)		Date of Birth	
Street Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email			
Drivers License #	Drivers License State	Drivers License Expiration Date	
Current Employer		Supervisor's Name and Telephone Number	
Current Employers Address (Street, City and Zip)			

#### Coaching Position Applying For

10U	12U	14U	16U	18U	23U
Head Coach	Assistant Coach	Bookkeeper			
Other (please specify)					

I have read and understand that I may be disqualified, terminated or prohibited from serving as a volunteer of the Cumberland County Magic Girls Fastpitch Softball if, among other things, I have:

1. Been convicted (including crimes of record which have been expunged and please of “no contest”) of a crime of child abuse, sexual abuse of a minor, physical abuse, neglect of a child and/or any other felony charge;
2. Been adjudged liable for civil penalties or damages involving sexual, physical or verbal abuse of children;
3. Been subject to any court order involving any sexual, physical or verbal abuse of children;
4. Had parental rights terminated;
5. Have a history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse of minors;
6. Resigned, terminated or asked to resign from a position (volunteer or employment) due to a complaint(s) of sexual, physical or verbal abuse of minors;
7. A history of behavior that indicates I may be a danger to children of the Cumberland County Magic Girls’ Softball Organization .

### Disclaimer

Do any of the statements above apply to you? YES \_\_\_\_\_ NO \_\_\_\_\_

If you “YES” to any disclosure statement, indicate which number(s) \_\_\_\_\_ and attach a written explanation on a separate page.

Have you ever been convicted of a felony or misdemeanor crime? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever lived outside the state of Pennsylvania during the last 10 years? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*If “YES”, please identify the city(s) and state(s):  
\_\_\_\_\_

Have you ever been removed or disciplined from any sports organization as a coach, assistant coach, manager or volunteer in the last 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*If “YES”, please explain on a separate page.

I hereby give my consent to the Cumberland County Magic Girls’ Softball Organization to conduct the following background checks:

- Act 34 Background Check YES \_\_\_\_\_ NO \_\_\_\_\_
- Driving Record YES \_\_\_\_\_ NO \_\_\_\_\_

### Waive, Consent and Release of Liability

I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks) and contact with former references and current employers. I hereby release and agree to hold harmless the Cumberland County Magic Girls’ Softball Organization concerning the use of or any attempt to verify the information provided in this application. I declare that all the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension, dismissal or disqualification from my volunteer status with the Cumberland County Girls’ Softball Organization.

If accepted as a Cumberland County Magic Girls Softball coach or volunteer, I hereby agree to abide by the Cumberland County Magic Girls’ Softball Board of Directors, and understand I may be removed as a coach or volunteer at any time with or without cause.

I have read the above disclosure statement, disclaimer, waiver, consent and release of liability and I full understand the terms of each, and understand that I have given up substantial rights by my signing this form and agreeing to these terms, and I sign this form and agree to these terms freely and voluntarily and without inducement of any kind.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*Copy of current driver's license MUST be submitted with this application; otherwise application is void.**