

| Name: |
|---|
| Address: |
| E-Mail Address: |
| Phone #: Home: |
| Employer:Address: |
| NC Drivers Lic.#: |
| Social Security #: |
| Please provide three references name and phone # Past experience in coaching and youth program's [1] |
| Applicant Signature:DateDate |
| Applicant Name (please print) |
| West Stokes Youth Program Use Only: Background check completed by President on: System(s) used for background check (minimum of one must be checked): |
| Sex Offender Registry Criminal History Records |
| Only attach to this application copies of background check reports that reveal convictions of this applicant. |