TYSA Background Check Application

APPLICATION FOR ADULT VOLUNTEER PROGRAM PARTICIPATION

Check the program: ☐ Flag Football ☐ Soccer ☐ Basketball ☐ Volleyball ☐ Softball ☐ Baseball ☐ Cheer ☐ Board
Circle the position: ☐ Head Coach ☐ Asst. Coach ☐ TYSA Board Member
Board Position: ☐ President ☐ Vice-President ☐ Treasurer ☐ Secretary ☐ Public Relations ☐ Commissioner

Name:_____ **Day Phone:** _____
Address: _____ **Cell Phone:** _____
City: Zip: _____ **E-Mail:**_____
Drivers License #:_____ **Employer:** _____
Expiration: _____
DOB: _____
Social Security # _____

REFERENCES: List below references for expertise and/or personal evaluation – do not include relatives.

Name_____Phone_____ _How Long Known_____
Name_____Phone_____ How Long Known_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY/CRIME?
YES_☐_ NO_☐_ If answer is YES, explain.
(Use back of form if necessary)

LIST ANY APPLICABLE EXPERIENCE THAT WOULD RELATE TO YOUR PERFORMANCE IN THE POSITION FOR WHICH YOU HAVE MADE APPLICATION. INCLUDE DATES OF PARTICIPATION, DECSRIPTION OF THE POSITION, LOCATION OF PERFORMANCE AND SUPERVISORY PERSONNEL. Of particular interest would be experience in dealing with children 4 to 14.

_____
_____

IN CASE OF EMERGENCY NOTIFY: _____ **Phone:**_____

AFFIDAVIT

I have read all of the above and I declare under penalty of perjury that the foregoing is true and correct. I hereby give Tioga Youth Sports Association authority to perform background checks and to verify all information contained in the above application. I understand that untrue or incomplete answers discovered subsequent to participation in the volunteer program(s) of the Tioga Youth Sports Association may result in removal from the program.

Signature of Applicant:_____ **DATE:** _____

TYSA ONLY
Applicant Approved: Yes _☐_ **No** _☐_
Received By: _____