

# Beavercreek Stars Volunteer Form



Boys or  Girls     Head Coach or  Assistant     Board Member: \_\_\_\_\_

Grade Level:    2nd  3rd  4th  5th  6th

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Have you ever coached or been a team parent within the Beavercreek Stars in the past?    Yes    No

Date(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

Do you have a child in the Beavercreek Stars program for the upcoming Season?    Yes    No

Please explain your reason for volunteering

\_\_\_\_\_  
\_\_\_\_\_

Identify the sports you have coached and any formal training you have received in coaching.

\_\_\_\_\_  
\_\_\_\_\_

References (List three that are not related to you):

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime? (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect? (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

*The information contained in this application is correct to the best of my knowledge. I hereby authorize Beavercreek Stars and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.*

*I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Beavercreek Stars or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.*

*Beavercreek Stars and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.*

*I understand that as an unpaid volunteer of the Beavercreek Stars, I will be a role model to the youth members of the organization. I acknowledge that the Beavercreek Stars Board of Directors reserves the right to suspend or dismiss me from my duties or involvement with the Beavercreek Stars at any time. By signing below, I agree with the terms listed above.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_