

KENT ISLAND YOUTH SOCCER LEAGUE (KIYSL)

2010 Coach's Application

A copy of valid government issued photo identification must be attached to complete this application.

Name	Date:
Address	
City	State
Zip	
Home Phone	
Business Phone	
Date of Birth	
Occupation	Social Security #
Employer	
Address	
Special professional training, skills, hobbies:	
Community affiliations (Clubs, Service organizations, etc.)	
Previous volunteer experience with youth organizations	
Do you have children in the program? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, at what level? _____	
Special Certification (I.e. CPR, Medical, etc) _____	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Driver's License # _____	
Have you ever been convicted of or plead guilty to any crime(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, describe each in full: _____	
Were you ever refused participation in any other youth programs? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain: _____	

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
1.	
2.	
3.	

As a condition of volunteering, I give permission for the KIYSL organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Kent Island Youth Soccer League, the officers, employees and volunteers thereof or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, KIYSL is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of KIYSL policies or principles.

Applicant Signature	Date
Applicant Name (please print or type below)	

Note: The Kent Island Youth Soccer League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer:

Name _____

Date _____

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.