

KENT ISLAND YOUTH SOCCER LEAGUE (KIYSL)

2009 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 _____ Social Security # _____

Occupation _____

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 NO

If yes, at what level? _____

Special Certification (I.e. CPR, Medical, etc) _____

Do you have a valid driver's license? YES NO

Driver's License # _____

Have you ever been convicted of or plead guilty to any crime(s)? YES NO

If yes, describe each in full: _____

Were you ever refused participation in any other youth programs? YES NO

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.