Yorkville Youth Athletic Association
Coaches Application Winter 2019-20 Program

Without dedicated people like you, we can't have the wonderful organization we have. We appreciate your time, knowledge, patience and support for our joint efforts. Our players appreciate you and will remember you for years to come, so **PLEASE SAY YES ☺.**

YES, I will be able to coach this season _____

I am interested in coaching: **Basketball_____** **Flag Football_____**

Coaches Meetings and Drafts:
Basketball Draft – Wednesday December 11
Flag Football Draft – Thursday December 12

All Meetings will be held at 415 E 93 Street, off First Avenue – Isaacs Community Center at 7:00pm.

Please fill in the application below and return upon receipt. (Please answer all information)

Coaches Name:_____

Child (Player): _____ **Grade: _____**

League/Division:_____ **School: _____**

Address: _____ **Apt#: _____** **Zip_____**

Home Phone #:_____ **Business Phone #:_____**

Cell Phone: _____ **Email: _____**

Who would you like to coach with: _____

All Coaches who have not previously done so, must fill out the attached form – we are required to do criminal background checks on everyone.

Mail to: Yorkville Youth Athletic Association
Coaches Application Enclosed
c/o Arlene Virga
P.O. Box 1556
New York, N.Y. 10028

Questions, please call 212-360-0022.

Background Verification Release Form for Volunteers and Paid Employees

AGENCY INFORMATION

Agency Phone Number	**Agency Fax Number**
Contact Name	
Date **Agency Name**	

APPLICANT INFORMATION

APPLICANT FULL NAME (LAST, FIRST, MI)		**MAIDEN OR OTHER NAMES USED**	
CURRENT ADDRESS			
CITY **STATE** **ZIP CODE**			**COUNTY**
SOCIAL SECURITY NUMBER	**DATE OF BIRTH**	**DRIVER'S LICENSE NUMBER**	**STATE ISSUED**
POSITION APPLIED FOR			
GENDER (CIRCLE ONE) **MALE FEMALE**		**RACE (CIRCLE ONE)** **AFRICAN-AMERICAN ANGLO ASIAN HISPANIC OTHER**	

I hereby authorize DiligentCheck, Inc. and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge DiligentCheck, Inc. and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to DiligentCheck, Inc. for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

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Applicant's Signature **Date**

_____

_____

Applicant's Printed Name **Parent/Guardian Signature (if under 18 years of age)**