

Yorkville Youth Athletic Association Coaches Application Spring 2020 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** ③.

I am interested in coaching: Baseb	all Basketball	Flag Football		
Coaches Meetings and Dr	afts•			
Wednesday, April 1 Wednesday, April 8	Baseball Meeting & Uniform Pic	Meeting & Uniform Pick Up (All Grades-Coaches Only tball Meeting & Draft, Basketball Meeting & Draft		
All Meetings will be held at 415 E	93 Street, off First Avenue – Isaacs Co	ommunity Center at <u>7:00pm.</u>		
Please fill in the application below a	nd return upon receipt. (Please answer a	ll information)		
Coaches Name:				
Child (Player):	Grade:			
League/Division:	School:			
Address:	Apt#: Zi	ip		
Home Phone #:	Business Phone #:			
Cell Phone:	Email:			
Who would you like to coach with	:			
All Coaches who have not previou background checks on everyone.	sly done so, must fill out the attached	form – we are required to do crimin		
Mail to: Yorkville Youth Athletic Coaches Application End 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					
CORRENT ADDRESS					
CITY STAT	E Z	IP CODE COUNTY			
	T	T		Lamin	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENS	E NUMBER	STATE ISSUED	
				ISSCED	
POSITION APPLIED FOR	l	-			
GENDER (CIRCLE	GENDER (CIRCLE ONE) RACE (CIRCLE ONE)				
(,	AFRICAN-AMERICAN ANGLO ASIAN			
MALE FEMALE		HISPANIC OTHER		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.					
Applicant's Signature		Date			
Applicant's Printed Name		Parent/Guardian Sig (if under 18 year			