All coaches and volunteers who have direct contact with youth athletes during scheduled club practices and other club activities must submit this application and sign the Background Screening Acknowledgement section.



## **Coach/Volunteer Application**

Background Screening Application
(A copy of a valid government issued ID must be attached)

Mail To:

Application Fee: \$

Club Name	Club #					
	Coach/V	olunte	er Informatio	n		
Full Legal Name			Date of Birth/_/			
Previous (or Maiden) Name						e tear
Current Address						
City			State		_Zip Code_	
County	Phone # (	)	Alternate Phon	e# <u>(</u>	)	
*USATF Membership #_ *Current membership is required to process policy ◆ Note: the second digit of the men	E- s this application and for the coa nbership number will correspond	mail ch/volunteer to be to the current yea	considered "in good standing" and ar that the membership is valid (e.g	to be covered to 3700001736 =	oy the general llabil 2007) ♦ Join online	ity insurance e at <u>www.usatf.org</u>
Provid	e all residences in las	t 10 years,	attach additional sheet	s if necess	ary	
Prior Residence: City	State _	Zip	County		_ Dates	to
Prior Residence: City	State _	Zip	County		_ Dates	to
1. USATF Coaches Education 2. Years of coaching experients 3. Name of school / college at Start date  4. Number of clinics attended 5. Please indicate additional application	attendedend date End date d(please information, qualification	City list on separans, and/or co	ate sheet) emments you feel are pert	Stat	ep on file with y	your club
			must be completed for			rocessed
B	ackground S	creeni	ng Acknowled	dgmen	t	-
Have you ever been convicted if yes, please explain: (attack	ed of or plead guilty to an additional sheets if ned	ny crime(s)? cessary)	Yes No No			
As a pre-condition to serving as a USATF Y which will include a review of sex offender re officers, employees, agents, volunteers ther previous acceptance as a USATF Youth C entitled to appeal procedures as outlined in	egistries, child abuse, and criminal his eof, and any other person or organiz cach/Voiunteer does not obligate US	story records. I here ation that may prov SATF, or its local As	eby release and hold harmless from lial ide such information in accordance wit	bility the local USA In the laws of the L	ATF Association, USA United States. I furthe	ATF, Inc., the or understand that
Social Security #	Valid Dr	iver's Licen	se #		_State Issue	ed
Applicant Signature (Required)			Date			
Type or Print Name (Requ	ired)					

USATF, Inc. and its local Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.