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:

Contact your location association

Application Fee: \$
Contact your location association

			Club #		
	Coach/Volu	nteer Information	on		
Full Legal Name		Date of Birth/			
Previous (or Maiden) Name					Year
Current Address					
City				Zip Code_	
County					
*USATF Membership #_ *Current membership is required to process this applic second digit of the membership number will correspon	E-mail ation and for the coach/volunteer to be	considered "in good standing" and to be co	vered by the genera	l liability insurance pol	licy • Note: the
Provide	all residences in last 10 y	ears, attach additional sheets	if necessary	I	
Prior Residence: City	•		•		to
Prior Residence: City	-				
USATF Coaches Education Sci Years of coaching experience Name of school / college attendate	ded				
4. Number of clinics attended 5. Please indicate additional information. application.	mation, qualifications, and	or comments you feel are p		ep on file with y	
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USATF, Inc. and its local Associations will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.