

YOUTH SPORTS APPLICATION FOR VOLUNTEERS

PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice NM01700-1 General Morale, Welfare, and Recreation Records 10 U.S.C. 1071-1087 and E.O. 116016, published February 12, 2008, 73 FR 8036. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the record's subject, except under routine use. PURPOSE of this information is to document the approval and conduct of sports activities and to enable fitness/sports facility personnel to determine the appropriate level of activity participation. In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD ROUTINE USE pursuant to 5 U.S.C. 552a (b). DISCLOSURE MANDATORY

OFFICIAL USE ONLY			
Background Check Date _____	New Coach Yes <input type="checkbox"/> No <input type="checkbox"/>	Returning Coach Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sport _____	Division _____		
Team _____			
Do you have a child/children on the team?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Child(ren)'s Name(s) _____			

VOLUNTEER'S INFORMATION			
Name _____	Grade _____	Last 4 digits of SSN _____	
Date of Birth _____	Age _____	Email address _____	
Home Address _____			
Military Address _____			
Home Phone _____		Office Phone _____	
Military Sponsor _____			

Position for which you are applying:

- Head Coach - Must be 18 or over
- Assistant Coach - Must be 16 or over
- Team Mom/Dad
- Volunteer Administrator (Game Day)

Three references to whom you are not related:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Are you NYSCA (National Youth Sports Coaches Association) certified? YES NO

What year were you last certified? _____

Please give certification number: _____ Expiration Date: _____

Are you CPR and First Aid certified? YES NO

What organization are you certified through? _____ Expiration Date: _____

Please list last three coaching jobs:

1. _____
2. _____
3. _____

Age group you would like to coach (please list three choices - if applicable):

1. _____
2. _____
3. _____

Note: Request for background check must be completed, submitted and endorsed by MCCS prior to any authorized coaching or volunteering with Youth Sports.

