

RAMS FASTPITCH COACH APPLICATION

APPLICANT INFORMATION

First Name:		Last Name:	
Date of birth:		Driver's License #:	
Current address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Email:	

EMPLOYMENT INFORMATION

Current employer:		Work Phone:
Employer address:		Occupation:
City:	State:	ZIP Code:

EXPERIENCE

Previous Coaching Experience (include sport and year)	Special training, skills hobbies
Community Affiliations (clubs, service organizations, etc)	Special Certification (CPR, Medical, etc)

If selected to coach, what are your expectations of GAGSA in helping you run your team?

BACKGROUND

Have you ever been convicted of or plead guilty to any crime(s)? YES NO
 If yes, describe each:

Have you ever been refused participation in any youth program? YES NO
 If yes, explain:

REFERENCES

Please list at least three references, one of which has knowledge of your participation as a volunteer in a youth program

Name	Phone	Name	Phone
Name	Phone	Name	Phone

CHILDREN

List all children you have in this program (specify what division they are in and where you would like to coach)

Name	Div	Coach?	<input type="checkbox"/>	Name	Div	Coach?	<input type="checkbox"/>
Name	Div	Coach?	<input type="checkbox"/>	Name	Div	Coach?	<input type="checkbox"/>

TERMS AND CONDITIONS

AS A CONDITION OF VOLUNTEERING, I give permission for the Greater Altoona Girls Softball Association (GAGSA) to conduct a background check on me, which may include a review of the sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon GAGSA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local league, the officers, employees and volunteers thereof, or any other person to organization that may provide such information. I also understand that, regardless of previous appointments, GAGSA is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, I am subject to suspension by the GAGSA president and removal by the Executive Board for violation of GAGSA policies and principles.

Signature of applicant:	Date:
Name of applicant (Please print or type):	

NOTE: GAGSA will not discriminate against a person on the basis of race, creed, national origin, marital status, gender, sexual orientation or disability.

LEAGUE USE ONLY

Completed By _____ Date _____
 Check(s) performed (must use at least one) Sex Offender Registry Criminal History Records Intelli Corp