

Morton Basketball Association
Coaches Application

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Preferred Phone #	Preferred email	Shirt Size	

Please circle the team you are applying for:

Boys 6 th	Boys 5 th	Boys 4 th	Boys 3 rd
Girls 6 th	Girls 5 th	Girls 3 rd & 4 th	

Please list coaching experience:

Please list basketball experience:

Please list coaching references and phone numbers:

Submit this application to:

Morton Basketball Association
P.O. Box 933
Morton, IL 61550

Background Screening Consent Form

Applicant's **Legal** Name (printed)

Last: _____ First: _____ MI: _____

Social Security Number _____

Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the Morton Basketball Association to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the Morton Basketball Association my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my assignment with this Organization.

Print Name: _____

Signature:

Date: ____/____/____