

Bremen Parks & Recreation Department

Coaches Application and Background Check Authorization



I understand that becoming a volunteer coach, I will be governed by rules and policies of the Bremen Parks & Recreation Department and the league in which the Department is participating. This includes **my becoming certified before the first game which I will be coaching.** This also means that I am aware that I must adhere to the **coaching ethics policies** by this position.

Date: _____

Name: _____ E-mail: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: _____
(Home) (Work) (Cell)

Sport to be Coached _____ Age Preferred _____

Will your child/children be participating in this program _____, if yes how many and what ages _____.

Total years coached this sport _____. This age group _____ Other _____

List any playing experience you have had in this sport: _____

Coaching experience with Bremen Parks & Recreation Department

- Sport _____ Age _____
- Sport _____ Age _____
- Sport _____ Age _____

Have you coached an All-Star team previously? Please list: _____

Why do you want to coach? _____

Will you be available for coaches' meetings? _____

If you have had previous training, please specify the program and your certification number:
Training _____ Certification # _____

Are you willing to coach other age groups? _____ If so, what ages _____

Why do you feel you would make a good coach? _____

If chosen as head coach, who would you recommend as your assistant coach? _____

I have read and answered all the above questions to the best of my knowledge and I agree to do what is best for the children participating in this program while coaching for this department.

Signature: _____ Date: _____

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A TEAM/SQUAD

PLEASE COMPLETE BACKGROUND CHECK INFORMATION ON REVERSE OF APPLICATION

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Bremen Parks & Recreation to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 60 days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature Date

Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES		
	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
<input checked="" type="checkbox"/>	W	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title