

Berlin Parks and Recreation Department
Youth Basketball Volunteer Coach
Background check
Head Coach

Please check and circle grades
of which group you are
interested in coaching
Boys _____ Girls _____
3&4 ___ 5&6 ___ 7&8 ___

Full Name (including middle name) _____

Maiden Name(s) (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

E-mail address _____

Date of Birth _____ Social Security Number _____

Employer _____

Address _____

Previous volunteer experience _____

Do you have a valid driver's license? Yes No

Driver's License Number _____

Have you ever been convicted of or pled guilty to any crime(s), misdemeanors or felonies?

Yes No If yes, describe each in full _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain _____

As a condition of volunteering, I give permission for the Town of Berlin to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Town receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Town of Berlin, its officers, employees, agents, administrators and volunteers thereof or any other person or organization that may provide such information. I understand that, regardless of previous appointments, the Town of Berlin is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the end of the season, I am subject to suspension and/or removal by the Town of Berlin and/or its designated employees at any time with or without cause.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____