



Coach / Volunteer Application (Please Print)

Date Submitted: _____ Sport: _____

Check Season: Spring Fall Winter

Mail to: PO Box 384 – Butner, NC 27509 OR Email to: info@sqaaweb.com

Check all that apply: I would like to be a Head Coach (Must be at least 18) OR Assistant Coach OR

Volunteer _____
(Please list area where you would like to volunteer)

Please supply your shirt size if you are requesting to be a **Head Coach**: _____

This application does not guarantee your position with any team. It is an application contingent upon Board approval.

League (Age Group)

Name of Player to Coach and Relationship with Player

All Information Below is COACH'S Information

Name: _____ Date of Birth: *(For tournament rosters)*: _____

Address: _____
Street, City, State, Zip

Home Phone #: _____ Cell #: _____ Work # & Ext.: _____
(Work # will be used for emergencies only)

CLEARLY PRINTED Email Address: _____

(We use email often to convey important information during the season. Please check your email frequently.)

~~~~~  
Your signature indicates that you agree to abide by SGAA's Code of Conduct AND you agree to return all SGAA equipment at the season's end, if applicable.

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In the event that you are removed from a game (**the removal from a game means you must leave the facility/ SGAA activity**), either by an official or a commissioner, the following penalties will apply:

- **First Offense:** Sit out the next game (Regular season or tournament)
- **Second Offense:** Sit out two games
- **Third Offense:** You will not coach in any SGAA sport for 12 months

Background Screening Acknowledgment

Because our volunteers work in close proximity with children, SGAA volunteers must be willing to agree to a complete background check. BACKGROUND AUTHORIZATION WILL BE COMPLETED ON A SEPARATE SHEET OF PAPER AND WILL BE SUBMITTED IN A MANNER THAT ENSURES CONFIDENTIALITY. AFTER BACKGROUND CHECKS ARE COMPLETED, YOUR AUTHORIZATION INFORMATION WILL BE SHREDDED.

Have you ever been convicted of or plead guilty to any crime(s)? Yes No

If yes, please explain (attach additional sheets if necessary): _____

As a pre-condition to serving as a Coach/Volunteer, I give permission for SGAA to conduct criminal background screening (see next page) on me, which will include a review of sex offender registries, child abuse, and criminal history records. I hereby release and hold harmless from liability SGAA, the officers, employees, contractors, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States.

Applicant Signature (**Required**) _____ Date _____

Over →

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **South Granville Athletic Association**, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/volunteer purposes from Priority Research, Inc.,(herein: "Priority Research") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING,AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PRIORITY RESEARCH DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Priority Research's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Priority Research will provide a written explanation of any coded information contained in my file. I understand that Priority Research is a Consumer Reporting Agency and it is Priority Research's policy to not be involved in or make hiring decisions or recommendation.

Priority Research's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Priority Research does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

The following must be filled out completely and signed for your application to be considered (Please Print)

PRINTED FULL NAME _____
First Name Middle Initial Last Name

Male Female

PRINT CLEARLY-Social Security Number FULL Date of Birth MM/DD/YYYY

Home Address – Street – City, State, Zip

List All Other Names Used

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report Current Date

Consumer Reporting Agency Contact Information

Priority Research - 14499 Dale Mabry Hwy, Ste 201 South - Tampa, FL 33618 - Phone: 800-319-5580 - Fax: 800-319-5582
www.priorityresearch.com