

City of Troy, Parks and Recreation Volunteer Coach Application

Please Print & Have Drivers License available for a copy

Today's Date: _____

Name: Last _____ First _____ (Middle Initial) _____ Sex: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: _____ E-Mail Address: _____

1. I would like to coach my son/daughter, whose name is: _____
2. I would like to be () Head Coach () Asst. Coach
3. I would like to coach the following sport(s) during this coming year:
() Soccer () Youth Baseball () Girl's Softball () Football () Basketball () Volleyball
4. Have you ever been a volunteer coach for our programs? () Yes () No
If yes, what year? _____
5. Have you ever completed the National Youth Sports Coaches Association (NYSCA)
certification in any sport? () Yes () No If yes, which sport (s)? _____

Please Read and Initial

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either the volunteer or the Parks and Recreation Department.

Applicant's Initials _____

Applicants must complete other page of application.



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth* (required)	
Social Security Number* (required)		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			