

COACHES NEEDED!



Yorkville Youth Athletic Association Application Fall 2009 Program

Without dedicated people like you, we can't have the wonderful organization we have. We appreciate your time, knowledge, patience and support for our joint efforts. Our players appreciate you and will remember you for years to come, so PLEASE SAY YES ☺.

YES, I will be able to coach this season _____

I am interested in coaching: **Basketball** _____ **Flag Football** _____ **Baseball** _____
Soccer _____ **Lacrosse** _____

Coaches Meetings: **Wednesday, September 9th for Basketball, Baseball, Soccer & Lacrosse**
Thursday, September 10th for Flag Football.

Meetings to make teams: **Wednesday September 16th Basketball (one coach per team only)**
Wednesday September 16th Baseball (one coach per team only)
Thursday September 17th Flag Football (one coach per team only)

All Meetings will be held at 415 E 93 Street – Isaacs Community Center at 7:00 p.m.

**Note- It is mandatory that you attend these meetings, as well as evaluations on opening day Saturday, September 12th.*

Please fill in the application below and return upon receipt. (Please answer all information)

Coaches Name: _____ Coaches' Date of Birth: _____

Child (Player): _____ Grade: _____

League/Division: _____ School _____

Address: _____ Apt#: _____ Zip _____

Home Phone #: _____ Business Phone #: _____

Cell Phone: _____ Email: _____

Who would you like to coach with _____

All Coaches who have not previously done so, must fill out the attached form.

**Mail to: Yorkville Youth Athletic Association
Coaches Application Enclosed - c/o Arlene Virga
P.O. Box 1556
New York, N.Y. 10028**

**Or email all the above information to Megan Wasilik at megan@yvaa.org.
Questions, please email Arlene Virga at, yvaa14@aol.com or call 212-360-0022.**



Background Verification Release Form

AGENCY INFORMATION

Form with fields: Date, Agency Name, Contact Name, Agency's Main Phone Number, Agency's Fax Number

APPLICANT INFORMATION:

Form with fields: Applicant Full Name (Last, First, MI), Maiden or Other Name(s) Used, Current Address, City, State, Zip Code, County, Social Security Number, Date of Birth, Driver's License Number, State Issued, Position Applied For, Gender (Male/Female), Race (African American, American Indian, Anglo, Asian, Hispanic, Other)

I hereby authorize DiligentCheck, Inc. and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge DiligentCheck, Inc. and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to DiligentCheck, Inc. for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature (if under 18 years of age)