

Springville Recreation

443 S 200 E

Springville, Utah 84663

Phone (801) 489-2730

VOLUNTEER COACHES APPLICATION

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Formerly Used Last Name(s): _____

Gender: Male ___ Female ___ Date of Birth: _____

SSN: _____ UT Drivers. License #: _____

Are you requesting to coach your child's Team/League? Yes ___ No ___

If yes, please provide us with the following information.

Child's Name _____ Male/Female

Child's Age(as of today) _____ Year in School (as of today) _____

What league will your child be playing in? _____

What school does your child attend? _____

Consent to Conduct a Background Check Springville City

By signing this form, I authorize the City of Springville, Springville Recreation, the Springville Police Department and the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to volunteer for a position of trust over children. My signature authorizes the agencies listed above to conduct a background check each time I volunteer as a "Coach" or Co-coach" for the Springville Recreation Department for up to 36 months from the date of my signature.

I do hereby release Utah BCI, all persons, organizations, or government agencies, from any damage of, or resulting from, furnishing such information.

I have been provided a copy of this form. I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Signature of Prospective Volunteer

Date

Qualifying Entity Representative

Date