

**CITY OF JACKSON RECREATION DEPARTMENT**

Sport \_\_\_\_\_

**COACH'S VOLUNTEER BACKGROUND CHECK APPLICATION**

Season \_\_\_\_\_

Legal Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (initial) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip \_\_\_\_\_

Length of residence above address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous address if you lived out of the State of Michigan : \_\_\_\_\_

Information needed for a background check:

Maiden Name \_\_\_\_\_ Other Names by which people may know you: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Have you ever volunteered or worked for the City of Jackson before: Y/N( If yes, when and where) \_\_\_\_\_

List three references personal and/or professional: Also see back side

Name	Phone Number	Relationship/basis of knowledge
1.		
2.		
3.		

Have you ever been convicted of a criminal misdemeanor or felony: Circle One: Yes/No

If Yes, Offense: \_\_\_\_\_ Date(s) of Conviction \_\_\_\_\_ State & City \_\_\_\_\_

Please list your current Employer

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Job Performed \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have a coach or assistant you would like to coach with?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I am applying to be a volunteer coach with the City of Jackson Recreation Department. I agree to follow the direction and supervision of the department policies and procedures. I attest that the following information is accurate and complete, and that I will inform the department of any changes in the information as soon as it occurs.

I understand that any false answers or misleading statements as well as misrepresentation by omission made by me will be sufficient for my immediate dismissal. I will give my best effort to provide the participants I work with a positive and safe environment.

I authorize the City to investigate my background and obtain information regarding any criminal convictions and allegations of criminal conduct relating to theft, dishonesty, assault, sexual assault, and controlled substances. The City is authorized to secure any necessary information from all prior employers, personnel, references, law enforcement agencies, or other persons and entities and public record. I hereby release and hold harmless any person or entity from liability arising from their giving or receiving information about my employment., criminal record, or volunteer history. I certify that all statements contained here in are true and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

