

HUFFMAN VOLLEYBALL ASSOCIATION

COACH'S APPLICATION



We are an equal opportunity employer, dedicated to a policy of non discrimination in employment, on any basis including race, color, age, sex, religion, disability, or national origin.

APPLICANT INFORMATION

Full Name	
Social Security Number	
Date of Birth	
Address	
Phone Number	
Email Address	
Position Applying For	Coach/Asst Coach Grade Level:

Player's Name

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Huffman Volleyball Association to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Huffman Volleyball Association will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering as a coach will not be processed further.

Signature of Applicant

Date

We will let you know if there are any issues with your application. Please contact us with any questions at huffmanvolleyballleague@gmail.com.

NOTICE – BACKGROUND INVESTIGATION

In connection with your participation with Huffman Volleyball Association (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-877-319-5587. For information about Protect Youth Sports privacy practices, see www.protectyouthsports.com. The scope of this notice and below authorization is not limited to the present and, if you continue to participate with Huffman Volleyball Association, will continue throughout the course of your volunteering and allow the Company to conduct future screenings for retention as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____ Print Name:

_____ Last Four Digits of SSN: _____