

Alexandria Department of Recreation, Parks and Cultural Activities

Sports Section

1108 Jefferson Street, Alexandria, Virginia 22314 * 703.746-5402

COMPLETE AND RETURN BY: Fax: 703.746.5585 or E-mail @ calvin.simpson@alexandriava.gov

YOUTH VOLUNTEER COACH APPLICATION

Name: Last		First:		Middle In	nitial
Home Address:		City:	State:	Zip Code	e:
Home Phone:	Work Phone:	Cell Ph	one:		
E-mail Address:				Fax:	
Date of Birth:	A	ge: Se	x: □Male □ Fe	male	
Have you ever volunteer □Yes □ No If yes, wher					
Have you ever been con	victed as an adult for a	violation of the law?	□Yes □ No	If yes, pleas	se explain in detail.
Note: A criminal conviction individuals based on the Alexandria Department coach in the Youth Spondepartment of Recreation assignments will not communitative (2) local reference Name:	the nature of the offense ent of Recreation, Parks rts Programs. Applica n, Parks and Cultural Ad mence until this process had ences:	s) and length of time si and Cultural Activities nts must complete a l ctivities can verify the in	nce the occurre to select individe Background Scr aformation provi	nce. However duals with no eening Form ided above. C	r, it is the intent of criminal history to so the Alexandria oaches training and
Name:	-	-		_	
BASKETBALL	□ BOYS FOOTBALL	BASEBALL		TBALL	OTHER SPORTS
8 & UNDER	ANKLEBITERS	T-BALL		E	TRACK & FIELD
10 & UNDER	80 LBS	COACH PITCH		NAL	CHEERLEADING
12 & UNDER	90 LBS	NO PREFERENCE		CAN	VOLLEYBALL
14 & UNDER	100 LBS		NO PREFE	RENCE	FIELD HOCKEY
17 & UNDER	115 LBS				SWIM TEAM
NO PREFERENCE	130 LBS				
	FLAG				
	NO PREFERENCE				
By my signature below, I v Alexandria Department of I the Alexandria Department understanding that all infort Signature:	Recreation, Parks and Cult of Recreation, Parks and mation provided by me will	ural Activities of any cha Cultural Activities to con be kept confidential.	nges to the inform duct a criminal b	nation provided ackground chec ate:	d. I further authorize ck with the complete
For office use only. References Checked: Team Assignment:	Background Scr		Арг		

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Volunteer Background Screening Consent and Release Form

	Last	First	Maiden Name	Middle Initial
Applicant's Curre	nt Address:		City:	State:
Zip Code:	Gender: □ Ma	ile □Female		
Place of Birth:	County or City and State		ate of Birth:	
Social Security Nu	ımber:			
Recreation, Parks			consent for the Alexandr	ria Department of self. This includes the
Recreation, Parks	and Cultural Activ Multi- Multi-	ities to obtain info	rmation regarding my	self. This includes the
Recreation, Parks following: I the undersigned, with my voluntee accordance with tunderstand that such	and Cultural Activ Multi- Multi- Person authorize this inform r application. Any this authorization is	estate criminal back estate Sex Offenders nal references nation to be obtained person, firm or or released from any be held in confidence	ground records and info s' Registries deither in writing or via ganization providing in and all claims of lial	self. This includes the