

Coaches Form

PLEASE PRINT ALL INFORMATION CLEARLY IN INK.

Full name (first, middle, last): _____

Phone: _____ Division interested in coaching _____

Previous name, maiden name, or nicknames: _____

Date of name change or date of marriage: _____

Home Address: _____

Previous address: _____

Date of birth: _____ Race: _____ Sex: _____

Social Security number: _____

Have you ever been convicted of a crime?: _____

If yes please explain: _____

Have you attended the Rutgers Safety Clinic: Yes

All persons completing this form must read the following and sign below:

I consent to have Stafford Girls Softball Association use this information above to conduct a background check to determine whether an allegation of child abuse or a criminal allegation has been substantiated against me. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

NOTE: Pursuant to the federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15).