Uxbridge Spartan Youth Football

2019 Head Coach/Coach Background Check Form

******MUST COMPLETE EACH SEASON******

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Please indicate in which position you wish to participate:

HEAD COACH ☐ **COACH** ☐

Provide Division, Team Name, and Position participated in last year, if applicable:
(Example: Orange Division, Hannaford, Head Coach)

_____

Provide other experience, activities or training that make you qualified to participate:

_____

_____

By checking the box below and providing the last six digits Social Security Number (SSN) and signature, you are agreeing to allow the USYF to conduct the State of Massachusetts Criminal Offender Record Information background check. All volunteers must have a current check on file with the USYF to participate. The USYF can deny participation based on the list of offenses on the USFY website or at the discretion of the USYF President and CORI Check Coordinator.

I agree to allow the USYF to conduct a criminal record check ☐

Last Six Digits of SSN: _____

Signature: _____ **Date of Birth:**_____

Date Completed: _____