



# VOLUNTEER IN YOUTH SPORTS

## Consent/Release Form



Name of Organization: City of Salem Department of Parks and Recreation

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex: (circle one) Male / Female

Residence Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (H) Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Team Information:

Head Coach  Asst. Coach  Team Name: \_\_\_\_\_

Booster Club: \_\_\_\_\_ Sport: \_\_\_\_\_ Year: \_\_\_\_\_

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I, the undersigned, by execution of this document, give the City of Salem permission to conduct a background check regarding my qualifications to coach in the City of Salem Parks and Recreation athletic program;

I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report.

By signing this application, I agree to the following:

- I certify that I have not been convicted and do not have charges currently pending against me for any of the disqualifying crimes listed on page three (3) of the Background Screening Policy.
- I agree that at all times while serving as a volunteer coach for the City of Salem Parks and Recreation Department, I will immediately notify the Parks and Recreation Department and my booster club's sport coordinator if I am charged with any of the disqualifying crimes.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_