



**BOYS & GIRLS CLUB**  
OF JOHNSON CITY/  
WASHINGTON COUNTY

**CONSENT OF AUTHORIZATION  
RECORD CHECK**

I hereby authorize the Boys & Girls Club of Johnson City/Washington County bearing this release, or copy thereof, within one year of it's date, to obtain any information in your files pertaining to my:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical History         | <input type="checkbox"/> Previous Employment |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Credit              |
| <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Driving Record      |

I hereby direct you to release such information upon request of the bearer. Further, I hereby release you, as the custodian of such records: federal, state or local authority, any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. This release is executed in full knowledge and understanding that the information is for the official use of the Boys & Girls Club of Johnson City/Washington County. Should there be any question of the validity of this release, you may contact me as indicated below.

Full Name (typed or printed) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Boys & Girls Club of Johnson City/Washington County

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_

## Coaching Application Form

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_  
 Business Phone # \_\_\_\_\_  
 Fax Phone # \_\_\_\_\_

Sex:      Male \_\_\_      Female \_\_\_      Age: \_\_\_\_\_      Birth Date: \_\_\_\_\_

1. What is your present marital status?      Married [ ]      Single [ ]

2. How many children do you have (if any)?      Sons [ ]      Daughters [ ]

3. Circle the highest year you completed in school:

Grammar	1	2	3	4	5	6	7	8
High School	1	2	3	4				
College	1	2	3	4	A	M	PHD	

4. What is your occupation (be specific)? \_\_\_\_\_  
 \_\_\_\_\_

5. Circle the sport below for which you are applying to coach and the list the age group?

Tee Ball      Flag Football      Pee Wee Tackle Football      Basketball      Age Group: \_\_\_\_\_

6. Have you played any sport?    Yes \_\_\_    No \_\_\_    List sport played \_\_\_\_\_

7. Have you coached before?    Yes \_\_\_    No \_\_\_    List sport coached \_\_\_\_\_

8. Please answer the following questions. If you answer yes to any of the following please explain on a separate sheet of paper.

- > Have you ever been convicted of child abuse or neglect? ..... YES [ ] NO [ ]
- > Have you ever been convicted of alcohol, substance abuse, or a felony offense? ..... YES [ ] NO [ ]
- > Are you currently on probation or parole? ..... YES [ ] NO [ ]
- > Do you use prescribed medication regularly? ..... YES [ ] NO [ ]
- > Have you ever been hospitalized or treated for psychological, alcohol, or substance abuse? YES [ ] NO [ ]
- > Is your driver's license currently suspended or revoked? ..... YES [ ] NO [ ]
- > Other than the items above, is there any fact or circumstance involving you or your back-ground, that would call into question your being entrusted with the supervision, guidance, and care youth? ..... YES [ ] NO [ ]

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

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