BYBSA Coach Application

Please email or mail completed application to BYBSA

PO Box 28
Brunswick, OH 44212
info@brunswickbybsa.com

Applicant's Legal Name (printed): _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Driver's License # or SSN: _____

I, _____ (print name), authorize and give consent for the above named organization to obtain information regarding myself including but not limited to the following:

Criminal background records/information
Sex offender registries
Addresses and related information
Social Security, Driver's License, Identity Verification, etc.

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this organization

Print Name: _____

Date: _____

Signature: _____