BROCKWAY TOWNSHIP

PARKS & RECREATION DEPARTMENT

SOCCER PROGRAM

COACH BACKGROUND CHECK AUTHORIZATION FORM

Brockway Township requires all coaches and other individuals who regularly supervise youth participants in the Brockway Township Soccer Program to complete a background check before participating as a coach.

Please complete all sections below. Providing complete and accurate information is required to process the background check.

COACH INFORMATION

Full Legal Name: _____

Previous/Maiden Name(s), if applicable: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Driver's License/State ID Number: _____

State Issued: _____

BACKGROUND INFORMATION

Have you ever been convicted of, pled guilty to, or pled no contest to a criminal offense?

☐ NO
☐ YES

If YES, please provide the following information for each offense. A conviction does not necessarily disqualify an individual from volunteering. Each situation will be reviewed in accordance with applicable law.

Offense: _____

Date/Year: _____

Location (City/State): _____

Disposition/Sentence: _____

Additional Information: _____

AUTHORIZATION AND RELEASE

I hereby authorize **Brockway Township, the Brockway Township Parks and Recreation Department, and its designated agents or screening provider** to obtain and review information necessary to conduct a background check for the purpose of determining my eligibility to volunteer as a coach or otherwise participate in the Brockway Township Soccer Program.

I understand that the background check may include a search of criminal records and other publicly available records relevant to my eligibility to work with youth participants.

I certify that the information provided on this form is true, complete, and accurate to the best of my knowledge. I understand that providing false, incomplete, or misleading information may result in denial or termination of my volunteer position.

I understand that the information obtained through the background check will be used for the limited purpose of evaluating my eligibility to participate in the Brockway Township Soccer Program and will be handled as confidentially as practicable and in accordance with applicable law.

I authorize the release of information necessary to complete this background screening and release Brockway Township, the Brockway Township Parks and Recreation Department, and their authorized representatives from liability for obtaining and using such information for the stated purpose, to the extent permitted by law.

I understand that completion of this form and a satisfactory background check are requirements for serving as a coach in the Brockway Township Soccer Program.

COACH CERTIFICATION

By signing below, I certify that I have read and understand this form and voluntarily authorize the background check described above.

Coach Printed Name: _____

Coach Signature: _____

Date: _____

FOR TOWNSHIP / PARKS & RECREATION USE ONLY

Date Application Received: _____

Background Check Submitted: _____

Date Completed: _____

Screening Provider/Reference #: _____

Result:

☐ Approved
☐ Approved with Conditions
☐ Further Review Required
☐ Not Approved

Reviewed By: _____

Date: _____

Notes: _____

Brockway Township Parks & Recreation Department
Brockway Township Soccer Program