

Employee/ Volunteer Disclosure Statement for Clarke County Youth Basketball

To be completed by each employee and volunteer who will have direct contact with youth participants

Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Exp. Date: _____

1. Background in Youth Sports (as Coach, Mgr, Official or other type) Add 1 sheet if necessary

| Position Held | League/Team Name | Date(s) | City/State |
|----------------------|-------------------------|----------------|-------------------|
|----------------------|-------------------------|----------------|-------------------|

2. Previous Residence(s) for the last 5 years:

3. Have you ever been convicted of a crime? If yes, please explain. Use add'l sheets if necessary.

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of Clarke County Youth Basketball is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that Clarke County Youth Basketball its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

Signature

Printed Name

Date
