VOLUNTEER IN YOUTH SPORTS
Consent/Release Form

Name of Organization: **Town of Christiansburg 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: _____

Sport: _____ Year: _____

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I, the undersigned, by execution of this document, give the Town of Christiansburg permission to conduct a background check regarding my qualifications to coach in the Town of Christiansburg 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 have read and have complete understanding of the Town of Christiansburg Parks and Recreation Department Athletics Background Screening Policy.

• 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 and four (3-4) of the Town of Christiansburg Parks and Recreation Department Athletics Background Screening Policy.

• I agree that at all times while serving as a volunteer coach for the Town of Christiansburg Parks and Recreation Department, I will immediately notify the Town of Christiansburg Department of Human Resources @ 540-505-9173 within 24 hours if I am charged with any of the disqualifying crimes listed in the Town of Christiansburg Parks and Recreation Department Athletics Background Screening Policy.

Print Name: _____ Date: _____

Signature: _____