



VOLUNTEER COACH APPLICATION & CRIMINAL BACKGROUND CHECK

Please complete the below and return both to: TSPX 7122 Perkins Road Baton Rouge, LA 70808 TSPX will notify each coach upon the approval of their application.

LA DL#: _____ S.S. # _____ Date of Birth: _____

Name: _____
FIRST MIDDLE LAST

Home Phone #: _____ Work Phone# _____ Cell Phone # _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

List the number of year(s) you have coached? _____ What Sport / Grade(s)? _____

Number of years coached in youth leagues? _____

List other experience with the youth sports: _____

Will you have a child playing in this organization this year? Yes No

Name of your child: _____ School: _____ Grade: _____

By signing below you agree to abide by the rules and regulations of this organization.

AUTHORIZATION TO RELEASE INFORMATION

I hereby give my permission for TSPX Sports to obtain information relating to my criminal history record. The Criminal History Record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for volunteer position with this organization. I also understand that as long as I remain a coach/volunteer here, the Criminal History Records check may be repeated at any time. I understand that I will have an opportunity to review the Criminal History and a procedure is available for clarifications, if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors and administrators and assigns hereby remise, release and forever discharge TSPX Sports and each of their officers, directors, employees, and agents from and against any and all causes of actions, charges, liabilities, claims and demands whatsoever, encompassing all claims for damages, including court costs expenses and attorneys' fees, resulting from the investigation of my background in connection with my application to become a volunteer member. I hereby agree to hold TSPX harmless and to indemnify it from any such causes of action, charges, liabilities, claims and demands which might in the future be made from or by any part claiming by, under or through me.

Printed Name

Signature

Date

For Office Use Only:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reason for denial:		
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rep. Signature	