

Scan/E-mail Or Fax To Parks & Rec:

mpatrick@acworth.org

Fax: 770-966-7891

City of Acworth  
Coach and Volunteer Application  
Acworth Baseball Association

Subsequent to a review of our volunteer needs, a review of your application and a successfully completed background check conducted by the Acworth Police Department we will contact you with respect to this application. We appreciate your interest in working with the youth of our Community.

Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Which division are you interested in coaching and/or volunteering?: \_\_\_\_\_

Did you coach or volunteer last year? \_\_\_\_\_

Do you have any children participating in the program? (if so, please provide names and ages)

Describe your past coaching experience in any youth sporting activity \_\_\_\_\_

Provide Three Coaching or Personal references (must include telephone numbers) \_\_\_\_\_

I hereby **authorize** the **Acworth Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state or city criminal justice agency **nationwide**.

This criminal history check is being performed at my request and on behalf of the **City of Acworth** and the Acworth Baseball Association. I understand that the City of Acworth is performing background checks on all the coaching candidates and volunteers for city associations including the Acworth Baseball Association.

I further understand that although the specific nature of an offense shall not be provided to the City of Acworth, any applicant who does not successfully complete the background check will be notified. Specifically, I understand that any of the following convictions or pending charges including, but not limited to (1) Any felony during one's lifetime, (2) Any crime against children during one's lifetime, and/or (3) any misdemeanor drug offense within the last ten years will disqualify me from serving as a volunteer or coach for the Acworth Baseball Association.

Date of Request \_\_\_\_\_

Full Name Printed \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Maiden Name, Aliases, Name Changes \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

City County State Zip Code

Signature \_\_\_\_\_