## MANSFIELD GIRLS SOFTBALL ASSOCIATION

## Coach Application & Criminal Background Check Release

## PLEASE PRINT ALL INFORMATION CLEARLY THEN READ AND SIGN AT THE BOTTOM

Last name	First name	Home Phone	E-Mail Address	Playing Relations Name
Street Addre	PSS .	Apt. #	Cit	y Zip Code
Drivers Licen	se #	State Licensed In		Date of Birth
Full Maiden 1	Name (If Applicab	le) Na	me of Employer	Work Phone
Employer - S	Street Address	Cit	y Sta	ite Zip Code
Are you willir	ng to attend a cod	aches training clinic? YE	ES NO	
Do you wish		Head Coach or an  e of play and check the		rou wish to coach.
□ 5-6		D		
Coaching Experience				
How many seasons have you head coached for MGSA?				
Instead of MGSA head coach did you assistant coach? How many seasons? Assisted who?				
If you have never head coached for MGSA, how many seasons have you assistant coached for this associaiton?				
Name of Ass	ociation reference	MGSA have you coache and phone number (Re listing other sports include	quired)	
		Background Information	Release and Authoriza	<u>ition</u>
law enforcement knowledge of ras well as plea volunteer of MC time. I hereby concluding, but not rerification, if reauthorization multiple indemnify MGS any and all carrelated attorners.	ent agencies, depart my identity. The crimin bargains and deferred GSA. I also understand authorize MGSA or authorize MGSA or authorize to, records, I understand that I wequested, if I dispute that ye considered as well as the considered as the con	ment of any city, county, stal history record, as received adjudication. I understand the that as long as I remain a volution horized representatives bearing personal interviews, memoran all have an opportunity to revide record as received. I here are realid as an original.  Theirs, executors and administratives, costs, damages, debts all history and each of the abilities, costs, damages, debts	ate or federal government from the reporting agencies at this information will be us inteer with MGSA the criminary this release or copy there da, reports of other docume ew the criminal history if recoy further authorize and acknowledge of the control of the c	ating to my criminal history through courts, at or any person or organization having s, may include arrest and conviction data sed, in part, to determine my eligibility as a all records check may be repeated at any sof, to conduct an appropriate check of, ents, court documents, and driving records quested and a procedure is available for knowledge that a photocopy or fax of this wase and forever discharge and agree to the ers, and agents harmless from and against and demands whatsoever, and any and all my background in connection with my
Signature of	f Applicant	Pled	ase print name	