

RVA Junior Volleyball Leader Information Form

Club: _____ USAV # _____

Last Name: _____ First Name: _____ M.I. _____

Social Security #: _____ - _____ - _____ Birthdate: MM ____ DD ____ YY ____

Maiden name or other names known by: _____

Home Address: Street: _____
City, ST Zip: _____

Work Address: _____
Company Name: _____
Street: _____
City, ST Zip: _____

Contact Information: Phone: (H) _____ (W): _____
(C): _____ (FX): _____
Email: _____

Previous addresses (last five years)
Address, City, ST, Zip _____
Address, City, ST, Zip _____

Health Ins. Co. _____ Height: _____ Weight: _____

Auto Ins. Co. _____ Expires: _____

Car Make: _____ Style: _____ Color: _____ License Plate State & #: _____

Car capacity w/seat belts: _____ Time & days to assist: _____

Have you ever had a driver's license suspended or revoked? Yes No
If yes, reason: _____

PERSONAL BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please state date and explain conviction: _____

Have you ever been cited or convicted of a driving violation involving alcohol, drugs or negligent driving? Yes No
If yes, please explain: _____

Have you ever been terminated or asked to resign from a coaching/teaching position? Yes No
If yes, please explain: _____

I agree that a photostat of this authorization shall be considered as effective and valid as the original.
I authorize and request all law enforcement agencies to release such information without restriction or qualification. I also release any agency hired to gather information from all liability associated with this background investigation.
I give my permission for a background check to be performed as a condition of my registration as a USAV Junior Olympic Volleyball leader working with athletes 18 years of age or younger. I recognize that fraudulent statements on the above section are cause for the rejection/termination of my registration in the region.
I have read and understand the above statement.

Signature: _____ Date: _____

