



CITY OF FRANKFORT
VOLUNTEER COACH



This form indicates your interest in becoming a volunteer coach. Completing this form does not in any way guarantee a coaching position in our programs. Coaches will be selected based on the information provided, past performance and/or behavior and the number of coaching vacancies.

Position: Head Coach/Assistant Coach

League:	Baseball	Softball
	<input type="checkbox"/> IL – 7-8	<input type="checkbox"/> IL – 7-8
	<input type="checkbox"/> ML – 9-10	<input type="checkbox"/> ML – 9-10
	<input type="checkbox"/> CRL – 11-12	<input type="checkbox"/> LL – 11-12
	<input type="checkbox"/> BR – 13-15	<input type="checkbox"/> NSA – 13-16

Name (include maiden name)

Social Security Number

Address

Driver's License Number

City State Zip

Date of Birth

Telephone Number

Work/Cell Number

Reference

1. _____
Name

Telephone Number

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Frankfort, Kentucky, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Frankfort, Kentucky, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for coaching youth programs for the City of Frankfort Parks, Recreation and Historic Sites. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date