

**All coaches and volunteers who have direct contact with youth athletes during scheduled team practices and other team activities must submit this application and sign the Background Screening Acknowledgement section.**



**Coach / Volunteer Application**  
**Background Screening Application**  
**(A copy of a valid government issued ID must be attached)**

Sport League \_\_\_\_\_ Team Name  
\_\_\_\_\_

**Coach / Volunteer Information**

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_  
/ \_\_\_\_ / \_\_\_\_

Previous (or Maiden) Name  
\_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip  
Code \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Alternate Phone (    )  
\_\_\_\_\_

Certification(s)  
\_\_\_\_\_

First Aid Training: Yes / No  
No

CPR Training: Yes /

Coaching Experience?

When:  
\_\_\_\_\_  
\_\_\_\_\_

Where:  
\_\_\_\_\_  
\_\_\_\_\_

What level:

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How would you describe yourself as a youth sports coach? What is your coaching philosophy? (Winning, having fun, discipline, team work, etc...)

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Are you willing to take direction from the Recreation Supervisor or Coaching Supervisor/Coordinator? (What drills to use, advice in game situations, working as a team with the other coaches, etc?) Circle... Yes / No

Are you willing to enforce and promote the Northern Illinois Flag Football League's Code of Ethics for Coaches, Players, and Parents? Circle... Yes / No

### **Northern Illinois Flag Football League Volunteer Coach Application**

All volunteers or employees whose position requires routine access to children must be screened by Northern Illinois Flag Football League. Your signature on this application signifies that you agree to allow Northern Illinois Flag Football League or an assigned agency to perform a criminal background screening. This screening will include a review of sex offender registries, child abuse, and criminal history records. I hereby release and hold harmless from liability Northern Illinois Flag Football League, the officers, employees, agents, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States. I further understand that previous acceptance as a Northern Illinois Flag Football League Youth Coach/Volunteer does not obligate Northern Illinois Flag Football League or its local Association, to accept my current application.

I. I have not been convicted (including crimes the record of which has been expunged or pleas of "no contest"), disciplined, or discharged from employment for committing or attempting to commit crimes in the area of:

- Child abuse
- Sexual abuse of a minor
- Physical abuse
- Murder
- Manslaughter
- Felony assault
- Kidnapping
- Arson
- Criminal sexual conduct
- Neglect of a child
- Abuse causing a child's death
- Prostitution related crimes

- Child pornography
- Controlled substance crimes
- Child exploitation
- Juvenile prostituting or pimping

II. I have not been convicted of any offense in any other state or against the laws of the United States which if committed or attempted in this state would have been punishable as one or more of the foregoing enumerated offenses.

III. I have not been adjudged liable for civil penalties or damages involving sexual or physical abuse of children.

IV. I have not been subjected to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection.

V. I have not ever had my parental rights terminated.

VI. I understand that I have an ongoing obligation as a volunteer of this organization to promptly report any conviction in those areas described above. (If you have committed or attempted to commit any of these crimes, please explain the circumstance related to the situation on a separate sheet of paper.)

By signing the application you are designating that all of the above statements are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

For use by NIYSO Personnel only Please mail completed form and Check for Application Fee to : P.O. Box 302 Zion, IL 60099 attn:					
Payment	Amount	Initials	Check #	Date	<u>Required Documents Received</u>
					Copy of government Issued ID
					Application Fee
<b>No practice or participation without the forms submitted</b>					