

Grapevine Girls Softball Association Coaches Application

Name: _____ Date: _____

Address: _____ Phone (home): _____

City: _____ Zip: _____ Phone(work): _____

E-mail Address: _____

This application is for: (please circle choices)

Position:	Coach	Asst. Coach				
League:	6/Under	8/Under	10/Under	12/Under	14/Under	16/Under

Please describe your previous coaching experience: _____

Please describe your coaching philosophy as it relates to the level you wish to coach:

(i.e. How do you decide who will play which position, when, for how long; position rotations, etc.)

Are you NYSCA certified? Yes No Level: _____

If you are a returning Coach, please indicate last season's team:

Position	League	Team

Please provide three references:

	Name	Relationship	Phone
1			
2			
3			

Shirt Size (circle one): S M L XL 2X

Please complete this form and the criminal background record release authorized and return it to:

GGSA
P.O. Box 1773
Grapevine, TX 76099

GRAPEVINE GIRLS SOFTBALL ASSOCIATION
Criminal Background Record Release Authorization

I, _____, for purposes of allowing the Grapevine Girls Softball Association (GGSA) to examine my criminal background, hereby give written permission to GGSA and its agents to conduct a criminal background investigation, including, but not limited to, felony conviction records and/or misdemeanor conviction records. Furthermore, I understand that GGSA will be investigating the Texas Sex Offender Registry and the Texas Parole Registry. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with GGSA. I understand that I will have an opportunity to review the criminal history report and a procedure is available for clarification if I dispute the records as received.

I hereby waive any claims and their associated costs against GGSA, the City of Grapevine, and its agents relating to their actions regarding their investigation of my criminal background and any decisions based on their findings. I realize that knowingly offering false information will result in a denial of my application.

_____ Signature	_____ Date		
_____ Print Full Name Legibly	_____ Date of Birth		
_____ Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Work Phone		
_____ Driver's License # and State	_____ E-mail Address		
_____ Employer	_____ Position/Title		