

**Tri-Township Park District
410 Collinsville Rd.
Troy, IL 62294
618-667-6887**

Volunteer Background Check Authorization

I am requesting to be a volunteer for Tri-Township Baseball, Tri-Township Softball, and/or Tri-Township Soccer. I understand that these are youth orientated sports activities and that it is a privilege to serve as a volunteer. I agree to behave in a proper manner and to refrain from any tobacco use, swearing, and alcohol consumption. I understand, as a volunteer I am acting on behalf of the Tri-Township Park District (TTPD), and that my acceptance as a volunteer is contingent upon a background investigation. I authorize the TTPD to perform such a background check, and understand that I will receive a copy of the results at the earliest possible date.

PLEASE PRINT AND USE THE LEGAL SPELLING OF YOUR NAME:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth (mm-dd-yyyy) _____ Sex _____ Race _____

Phone Number _____ Shirt Size _____

Division you are requesting to coach/Coach to Coach with:

Signature

Date

E-mail address

- As a coach I also understand I am required to complete a CDC Concussion Training. It is a free training and the Certificate need to be on file with the park office. It is good for 2 years.