

Tri Township Park District

410 Wickliffe Troy, IL 62294

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), such a background check and that my acceptance as a volunteer is contingent upon a background investigation.

I authorize the TTPD to perform .

First Name _____

Last Name _____

Address, City, State, Zip _____

Date of Birth _____

Gender _____

Phone _____

Email Address _____

Child's Name you are Coaching _____

Coaching Status (Coach/ Assistant) Coach _____ Assistant _____

Division _____

Request to Coach with _____

Shirt Size AS AM AL AXL AXXL AXXXL AXXXXL

Have you ever been convicted of or found to be a child sex offender? Yes _____ No _____

I understand my information will be shared with the Illinois State Police under a background check process for volunteers and acceptance is contingent upon background investigation.

This process will be completed yearly. I also understand I will be required to take and Certification and submit pass an Illinois CDC Concussion Certificate to the Park Office. It is good for 2 years.

Signature _____

Date _____

Draft Date/Equipment for Head Coaches
Heads Up Concussion Certification
Park Office Email to Send Certificate

March 24, 2018 in the morning
<https://www.cdc.gov/headsup/youthsports/training/office02@tritownshipark.org>