

# Background Check Policy and Consent/Release Form

**Name of Organization:** Clarksburg Sports Association

**Applicants Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

- 1) **All youth coaches will be required to fill out a volunteer application and sign a waiver for a release of information. This information will be kept in a secure online database for a period of two years. At the end of the two years this information will be destroyed. Only authorized personnel of the Clarksburg Sports Association will have access to this information.**
- 2) **Any person convicted of a felony for a crime of violence or moral turpitude or convicted of any two felonies within ten years will not be allowed to coach youth sports for Clarksburg Sports Association.**
- 3) **A committee will review any person convicted of a felony or any misdemeanor offence on the list below. The committee will decide whether a person should be allowed to coach and whether there should be any stipulations placed on that coach.**
  - **Crime of violence**
  - **Crime of moral turpitude**
  - **Drug or alcohol offences**
- 4) **In addition, the review committee may seek the following types of information: Employment records/Employers references; Criminal background records/information; Criminal background check/fingerprint; Driver's license check; Coaching experience; First-aid experience; Personal references**
- 5) **The committee will consist of the board of directors for Clarksburg Sports Association and the commissioner of the sport in which the coach is attempting to join. A vote of two members of this committee is binding.**
- 6) **Any applicant that has been denied or has had stipulations assessed against them may ask for a hearing before the committee within five days of notification.**
- 7) **Once a final decision has been made on an individual, the Clarksburg Sports Association will destroy its copy of the criminal background check.**

I \_\_\_\_\_ have read the above policy and give consent for the Clarksburg Sports Association to obtain information regarding myself. I authorize this information to be obtained either in writing or via telephone in connection with my application.

**Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_