



Background Check Information for Coaches

Please print legibly and fill in all information

Name: _____ D.O.B. _____
(First, Middle, & Last)

Aliases: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have lived at address #1 for less than three years, please list your previous address

Address #2: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

S.S. #: _____

Age: _____ Sex: _____ Race: _____

I swear that the information presented on this form is the truth to the best of my knowledge.

(Coach's Signature)

(Date)