



Soccer Coach Application

Name: _____

Email Address: _____

Contact Phone Number: _____

What local church do you attend? _____

Have you coached with Central Sports before? Yes { . } No { . } If yes, what year? _____

Division interested in coaching:

K&Under { } 1-3 Grade { } 4-6 Grade { }

What is/are the names of your children you **ARE** coaching and what division are they in?

Name	Division	Head or Assistant (Circle)
_____	_____	H or A
_____	_____	H or A
_____	_____	H or A

Names of your children participating that you are **NOT** coaching?

Name	Division
_____	_____
_____	_____
_____	_____

Preferred Practice day? **M Tu Th**

Preferred Practice time? **5:30 6:30**

We can only practice two teams per court per hour. Only 4 teams per division can practice per night There is one 1-3 grade court and one 4-6 grade court available per hour with two teams on each. Day and time preference is first come first served basis.

PLEASE DESCRIBE IN DETAIL YOUR SALVATION EXPERIENCE AND WHAT YOUR
RELATIONSHIP WITH JESUS CHRIST IS LIKE TODAY:



Criminal History Background Check Information Form

In connection with my application for employment or to serve as a volunteer with **Central Baptist Church, College Station, TX** ("Client"), I understand that a criminal history and SSN verification report will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer or investigative consumer reports about me. I understand that the results of the criminal history check could contain information presumed to be expunged. I also understand that this information will be used, in part, to determine my eligibility for employment/volunteer position with Central Baptist Church. I understand that I will have an opportunity to review the criminal history as received by Central Baptist Church and that a procedure is available for clarification if I dispute the record as received.

Applicant Signature

Date

Applicant Full Legal Name

For Office Use Only:

Date Completed: _____

Required Staff Approval? YES NO

HR Manager Initials: _____ Date: _____



Criminal History Background Check Information Form

Please print all information below. This completed form will be secured in Human Resources until background check is complete. Upon completion, this form is promptly shredded. If you have any questions, please contact Central

Baptist Church Human Resources.

I am applying for: (circle one) Employment Volunteer

Which Ministry(ies) will you be serving? :

Full Name: _____

Please print First Name Middle Name Last Name

Former names (if applicable): _____

Social Security Number:

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Date of Birth:

Mo/Day/Year

		/			/				
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Circle Gender: Male Female

Circle Race: Black/African American American Indian Asian/Pacific Islander
 Caucasian Hispanic

Email Address: _____

Current Mailing Address: _____

Street Address

City

State

Zip

For church vehicle drivers:

Driver License #: _____

State Issued: _____