

NORTH DELTA BASEBALL ASSOCIATION

APPLICATION TO MANAGE OR COACH



Personal Information

Surname: First Name: Middle Name:
Address:
Phone: Email:
Date of Birth: Drivers License:

Coaching Information

Division: Position:
NCCP#: NCCP Level:
Coaching Experience (Not necessary in all cases):

Please answer the following (This information will be held in strict confidence)

- | | NO | YES |
|--|--------------------------|--------------------------|
| 1. Have you ever been charged or convicted of a criminal offence related to a sexual assault or, an offence of a sexual nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been fingerprinted in connection with a criminal investigation of a sexual assault or an offence of a sexual nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you, or have you ever been known by another name? If so, please indicate all other names by which you have been known and the reason. | <input type="checkbox"/> | <input type="checkbox"/> |
- _____

PLEASE NOTE THAT FAILURE TO ANSWER THE ABOVE QUESTIONS TRUTHFULLY MAY RESULT IN THE REFUSAL OF THIS APPLICATION AND YOUR SUSPENSION FROM THE NORTH DELTA BASEBALL ASSOCIATION (N.D.B.A.)

I hereby give my consent to the N.D.B.A to investigate my personal information and to make any inquiries that it deems necessary to ensure the safety of children placed in my trust, I understand that the personal information obtained for this purpose will remain the property of the N.D.B.A and that it is confidential and will not be disclosed for any other purpose. If I am required to provide fingerprints to verify my personal background, I will do so. I further understand that if the N.D.B.A should become aware of information or suspect criminal conduct, past or present, which the executive of the N.D.B.A deems detrimental to the safety of the children or the goals and objectives of the N.D.B.A, I may be suspended from participation in the N.D.B.A and that I will be given an opportunity to discuss the information and/or conduct with the N.D.B.A before final suspension.

Date: _____ Signature: _____

Office Use Only

Police Information Check Submitted?	NO	YES	Approve by Coaching Director?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>