

Hoops City U

4300 Emperor Blvd. • Durham, NC 27703 • (919) 474-2400 Office • hoopscityu.com

VOLUNTEER APPLICATION 2018/2019

Received	
BGF	
DAF	

Check highest Volunteer Level applying for: Parent Asst. Coach _____ Parent Team Manager Volunteer _____

Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

VOLUNTEER INFORMATION

Occupation: _____

Where employed: _____ Full-time: _____ Part-time: _____

Have you been convicted of a criminal offense? _____ Yes _____ No

If yes, please explain: _____

Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? _____ Yes _____ No

If yes, please explain: _____

What moving violations are on your driving record? _____

Please list and explain: _____

I have read and agree to abide by the Hoops City U Coach's Policies. _____

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my removal if discovered at a later date. I further agree that I have read and agree to abide by the Hoops City U Volunteer Policy. _____

Signature: _____ Date: _____

To be completed by applicant for Volunteer Parent Asst. Coach Only (not Parent Team Manager)

Volunteer Background Check

I, _____, hereby authorize Hoops City U (HCU) and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for Volunteering now and, if applicable, during the tenure of Volunteering for HCU.

I release HCU and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims and law suits in regards to the information obtained from any and all above referenced sources used.

Signature of Applicant

Date

Please list all resident addresses for the past seven years - use separate sheet if necessary.

Last Name	First Name	Middle Name	
*Social Security #	*Date of Birth (mo/day/yr)	Male/Female	
Current Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. HCU is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.