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|  | 2018 ADM Youth Football  **REQUEST TO COACH FORM** |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request to be considered as a volunteer coach for the 2018 ADM Youth Football season. As part of this request, I hereby give permission for ADM Youth Football Inc., its officers, directors, representatives and agents to conduct background check(s) on me now and as long as I continue to be a volunteer with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history and arrest records. I hereby release and agree to hold harmless from liability ADM Football Inc., its officers, employees and volunteers thereof, and any other person or organization that may provide such information. I also understand that, regardless of previous appointments, ADM Youth Football Inc. is not obligated to appoint me to a volunteer position. I understand that, if appointed, my position is conditional upon ADM Youth Football Inc. receiving no inappropriate information on my background. I further understand that, prior to the expiration of my term, I am subject to suspension and removal by the ADM Youth Football Inc. Board of Directors, at any time, with or without cause.

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

**Acknowledgement regarding Heads Up Concussion Fact Sheet for Coaches**

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| Initial Here | I have completed the[*HEADS UP to Youth Sports: Online Training*](https://headsup.cdc.gov)*.* [*https://headsup.cdc.gov*](https://headsup.cdc.gov) |