



20\_\_ MANAGER APPLICATION

Please PRINT all Information

Today's Date \_\_\_/\_\_\_/\_\_\_

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHILDREN PLAYING WITH MMGS:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**COACHING EXPERIENCE (ANY):**

Team/League \_\_\_\_\_ Year \_\_\_\_\_

Team/League \_\_\_\_\_ Year \_\_\_\_\_

Team/League \_\_\_\_\_ Year \_\_\_\_\_

**BACKGROUND INFORMATION (PROVIDE A PHOTOCOPY OF YOUR ID):**

Driver Lic# \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

Any Felony Convictions:  YES  NO

If YES, explain \_\_\_\_\_

**REFERENCES (other than immediate family)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

I understand that MMGS is founded on the principles of involvement "athlete first, winning second", safety, fair play, positive competition, volunteer involvement and fun for everyone. I also understand that as a volunteer I will be expected to follow all policies and procedures for volunteers of MMGS. Working in a volunteer capacity, I state that I will promote an environment that stresses sportsmanship and good character rather than focusing on winning at all costs. Further, I understand that I am responsible for the welfare and safety of both the team I am representing as well as the opposing teams. I understand that MMGS reserves the right to terminate my volunteer service for any conduct deemed as inappropriate. Lastly, I agree to allow the designated MMGS Board member to submit my name and ID number to the proper agency for the purpose of conducting a background investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ASA

NOTICE OF BACKGROUND CHECK

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING BELOW]

The Amateur Softball Association (ASA) is a volunteer driven not-for-profit organization. One of ASA's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You have expressed an interest in becoming a member of ASA on a voluntary basis. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a "consumer reporting agency" called Comprehensive Information Services, Inc. (CIS), P.O. Box 79007, Pittsburgh, Pennsylvania 15216, [customercare@cisonline.com](mailto:customercare@cisonline.com), 800-452-8725. CIS's report may include information gathered from county, federal and/or statewide record searches, as guided by personal identifier information obtained through a Social Security Number trace. Note: Conducting a Social Security Trace does not access the subject's credit history nor affects the subject's credit score or credit rating.

Please note that by signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice for as long as you are a volunteer member of the ASA.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA as a volunteer member. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by CIS, another outside organization acting on behalf of ASA, and/or ASA itself. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

**Include a Legible Photo Copy of your Driver's License Attached to this document.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License # & State

\_\_\_\_\_  
Date of Birth