Fallston Recreation Committee

Name:	
Address:	
Home Phone: Wo	ork Phone:
Date of Birth: e-	-mail:
Program Name:	
Please list any experience or training that would be helpful in your position as a volunteer:	
Please list any past or current experiences with other volunteer organizations:	
Have you ever been dismissed/asked to leave any other coaching position? □ yes □ no Have you ever been convicted of a crime against another person? □ yes □ no If yes to either of the above, please explain:	
Emergency Contact Information	
Name: Relationship:	Phone #
Background Verification Information Because of a high level of contact with the public and in the interest of safety, we reserve the right to conduct official background checks when deemed necessary.	
Certification	
I certify that the information that I have given o penalty of perjury.	n this form is true and correct under
	Date:
(OI I WI CILL SISTEM	ure ij minor)