ASSISTANT COACH\ SQUAD LEADER APPLICATION HARLEM COMMUNITY CENTER

900 ROOSEVELT ROAD, MACHESNEY PARK, IL 61115 (please type or print)



FORMS\ASST.COACH

DATE NAME EMPLOYED BY_____ (FIRST) (LAST) (M.I)ADDRESS_____ZIP____ HOME PHONE #_____WORK/CELL#_____ SHIRT SIZE_____ EMAIL ADDRESS PLEASE PLACE AN "X" NEXT TO THE ACTIVITY WHERE YOU WOULD LIKE TO VOLUNTEER: BASKETBALL **SOFTBALL\BASEBALL CHEERLEADING** Pre-K/Kinder. Co-Rec T-Ball (4-6) Pre-K/Kinder. 1st/2nd Boys 1st/2nd Grad Coach Pitch B/G (6-8) 3rd/4th Grade $1^{st} - 3^{rd}$ Girls Pee Wee Girls (9-10) 3rd/4th Boys 5th-8th Grade Pee Wee Boys (9-10) $4^{th} - 6^{th}$ Girls Midget Girls (11-13) 5th/6th Boys Midget Boys (11-12) $7^{th} - 10^{th}$ Girls Galaxy Girls (14-17) $7^{th} - 10^{th}$ Boys Junior Boys (13-15) VOLLEYBALL ENTER THE NAME OF THE HEAD COACH\HEAD SQUAD LEADER'S NAME THAT YOU WILL BE HELPING: FIRST YEAR ASSISTANT COACHES\ SQUAD LEADERS MUST PROVIDE THREE REFERENCES IN THE SPACES BELOW). PLEASE INCLUDE ALL INFORMATION REQUESTED. 1. NAME ADDRESS CITY ZIP 2. NAME ADDRESS_____ZIP 3. NAME ADDRESS_____CITY____ ZIP

State of Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name:				First		Middle
Last				First		Middle
Date of Birth:		Gender:	∏Male	Female	Race:	
Current Address:						
-			Street/Ap	ot#		
	City			State		Zip Code
lf you currently resid	de in Illinois, please list	all previous ac	ddresses	for the past fiv	ve years.	
	de out-of-state, please	provide ALL III	inois add	lresses in whic	ch you did res	side while living in Illinois.
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(Street/Apt#/City/C	County/State/Zip Code	e)				From/To
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Print Form