VOLUNTEER APPLICATION Club Program, Sports league coach, or assistant coach

I,	, w	ould like	e to becom	ne a volunteer at the	
	South Logan County. I				
	ound check in order to be				
South Logan County. 7	The information below is	required	to process	a background check.	
First Name:	Middle Name:		Last N	lame:	
Date of Birth:	Social Secu	Social Security #			
Street Address:	(City:		Zip Code:	
Telephone:	Email address:				
	lunteered at BGCSLC in				
	lunteered at another Boy				
Are you CPR/First A	Aid Certified? Ye	s or	No		
Please provide two pers	onal references with con	tact infor	mation:		
Name:	Relation:				
	one number:				
Nama		Polo	tion		
	one number:				
not under their guardianship children, the Boys & Girls C that may occur.)	ice of our coaches transportin . If a parent or guardian reque lub of South Logan County is are kept strictly confidential check will be notified	ests that you not respon	u provide tra sible for any iteers subm i	nsportation for their v ensuing risk or liability	
Volunteer Applicant	's Signature:				

Date: