

COLUMBIA EMPIRE VOLLEYBALL
www.columbiaempirevolleyball.com
FINGERPRINT VERIFICATION FORM

Please complete by member

Club: _____
 Team: _____

Circle one that applies
 Coach Manager Referee Volunteer

_____ FIRST NAME	_____ FULL MIDDLE NAME	_____ LAST NAME	_____ (Maiden Name)
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ HOME PHONE	_____ BUSINESS PHONE	_____ DATE OF BIRTH	
_____ COACHING LICENSE	_____ REFEREE GRADE	GENDER	F <input type="checkbox"/> M <input type="checkbox"/>
_____ DRIVER'S LICENSE NO.	_____ STATE	_____ EXPIRATION DATE	

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| 1. Background in work with youth | Position _____ | Year(s) _____ |
| 2. Experience in volleyball | Position _____ | Year(s) _____ |
| 3. Experience in youth volleyball | Position _____ | Year(s) _____ |
| 4. Previous residence(s) (for last 5 years)
(Use back of form if necessary) | City _____ | State _____ |
| 5. Have you ever been convicted of a crime of violence?
If yes, please explain: (Use the back of form if necessary) | Yes | No |
| 6. Have you ever been convicted of a crime against a person?
If yes, please explain: (Use the back of form if necessary) | Yes | No |
| 7. Have you ever been convicted of a crime involving criminal
activity in drugs or alcoholic beverages? (Incl. DUI)
If yes, please explain: (Use the back of form if necessary) | Yes | No |
| 8. Have you ever been convicted of any crime? Including any
which have been expunged. If yes, please explain:
(Use the back of form if necessary) | Yes | No |

I understand that:

- A. It is the intent of COLUMBIA EMPIRE to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
- B. In applying for a COLUMBIA EMPIRE position, the information that I have furnished on this form is subject to verification, which may include a criminal history check.

_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
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EMPLOYER VERIFICATION OF FINGERPRINT BACKGROUND CHECK

The above listed individual has submitted to a Background Screening with fingerprints as a condition of employment. The last background screening was done on _____, _____.

Printed Name _____	Title _____
Signature _____	Date: _____