

Basketball Coach Volunteer Form

Male Female

Name _____

Address _____

City, State, Zip _____

Home/Cell/Office Phones _____

Birth Date (MM/DD/YYYY) _____ Social Security # _____

Please check the league you would like to coach for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fall Basketball | <input type="checkbox"/> Spring Basketball | <input type="checkbox"/> Summer Basketball |
| <input type="checkbox"/> Basketball League, Grades 4-6, Girls | <input type="checkbox"/> Basketball League, Grades 4-6, Boys | |
| <input type="checkbox"/> Middle School, Grades 7-8, Girls | <input type="checkbox"/> Middle School, Grades 7-8, Boys | |
| <input type="checkbox"/> All American Basketball, High School, Girls | <input type="checkbox"/> All American Basketball, High School, Boys | |

Because of the nature of our organization, it is our policy to run background checks. This is not a check on your talents or skills, but a precaution we must take to protect the children we serve. By signing this form you are giving the Hoops4Life, Inc. permission to conduct a background check on you. **All information is required.**

Print Name Clearly

Signature

Date

Return your form to: Hoops4Life, Inc.