



Head Coach **Asst Coach** **Almaden NJB**
 (Circle One) **CHAPTER**
5 6 7 8 **1 2 3** **Boys Girls**
 (CIRCLE) ALL-NET (circle) DIV (circle) LEVEL

COACH'S PERSONNEL FORM

NJB requires personnel to have this form on file with the local chapter and NJB Headquarters. The local board is required to utilize this form for all coaches. Chapters should select the best available adult with leadership qualities for positions in the league to benefit all NJB participants. This is a viable part of each chapter's screening process.

☆☆☆ PLEASE TYPE OR PRINT ☆☆☆

YOUR NAME: _____ (Check one) MALE: FEMALE:
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE () _____ EMERGENCY PHONE: () _____
 SOCIAL SECURITY #: _____ CHAPTER: _____

List previous youth recreation leadership experience: _____

Have you ever been accused or convicted of a felony? Yes No (if yes, please explain) _____

Have you ever been registered for any offense under 290 C.P.C., sexual offender registration (or equivalent penal code in any state)? Yes No If yes, please explain and give date: _____

Have you ever been involved with any other youth program? Yes No If yes, please give details: _____

Have you, to your knowledge, ever had any complaints against you regarding your behavior? Yes No If yes, please explain and give date: _____

Have you ever been affiliated with any other NJB chapter? Yes No If yes, please give details: _____

Have you been involved in any position with NJB? Yes No If yes, please give details: _____

Can you maintain an even temperament during a moment of trial? _____

PREREQUISITE FOR CHAPTER PERSONNEL: It is forbidden to use profanity, alcohol, or nonprescription drugs during the regular league games, practice sessions, or during league activities which include the attendance of the one or more NJB participant(s). Please understand that this organization is a nonprofit group, and in order for it to be a positive experience for your child and friends, **IT NEEDS YOUR SUPPORT!**

Please carefully read, sign, and date the following statements:

_____ INITIAL For valuable consideration through participation in, or for, the NJB program; I hereby irrevocably consent to, and authorize the reproduction by National Headquarters, or anyone authorized by them, or any and all photographs of me by any photo medium, including video tape, for normal program purposes for the current year.

_____ INITIAL I will comply with the Administrative Rules and Regulations of this NJB Chapter as well as those of the National Organization for the current year. I understand that this appointment is for the duration of the current season unless revoked sooner by the Board of Directors. I understand that at the direction of the Board, I may be subject to a background investigation and/or fingerprint verification to determine my suitability for this sensitive community position, and I approve of such action, if deemed necessary. (C.P.C. #11105-2, or equivalent penal code in your state.)

_____ INITIAL I will attend the National Coaches Clinic. I understand and take responsibility for knowing the NJB rules. I will be a positive role model during the season.

YOUR SIGNATURE: _____ DATE: _____

FOR LOCAL CHAPTER USE

This application was reviewed by the chapters Board of Directors at a meeting held on:

DATE: _____ LOCATION: _____

ACTION TAKEN: Accepted: Rejected: Filed: Postponed:

Secretary's Signature _____

President's Signature _____