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Arizona Region of USA Volleyball

2105 S. 48th Street, Suite 108, Tempe, AZ 85282-1019
Phone: (602) 454-1367 * Fax: (602) 454-1427 * Contact E-Mail: azvolley@qwestoffice.net

Consent and Waiver Release For Background Screen Form

All Fields are required. Missing information will delay the processing of this form.

Please check all that apply: ___ Coach ___ Team Representative ___ Chaperone ___ Official
___ Club Director/Administrator ___ Other (please specify) _____

Applicant's Name (printed) _____ Date of Birth _____
First Middle Initial Last

Club Name _____ SSN _____ E-mail _____
Do not leave blank, if no SSN, write "No SSN"

Applicant's Present Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

1. Have you been convicted (past 10 years) of a felony? Yes _____ No _____
   (Certain convictions may not be an absolute bar to participation.)
   Explain _____
2. Are you currently out on bail or your recognizance, pending trial for any felony offense? Yes _____ No _____
   Explain _____

BACKGROUND SCREEN RELEASE:

I hereby release and hold harmless USA Volleyball, the Regional Volleyball Associations, their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, _____(*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Further, I understand that it is the policy of this organization that any member who participates with junior members in any capacity, including supervisory personnel, club directors, team representatives, coaches, chaperones and trainers shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member.

Print Name _____ **Date** _____

Signature _____

DISQUALIFIERS:

I understand that disqualification from all junior events and/or activities will result if I have been found guilty, pled guilty; or pled nolo contendere (no contest) regardless of adjudication for criminal convictions for ALL Sex offenses, Murder, and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offences in the past 7 years; any multiple misdemeanor drug and alcohol offenses within the past 7 years; or any other crimes (not listed) against children in the past 7 years.

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or restriction of membership. A conviction of falsification of information that results in a failed background screen forfeits all fees paid with my registration application.

By signing the Background Screen Consent form, I agree to report to the Regional Volleyball Association any convictions for offenses found in the Automatic Disqualifier list that may occur between this background screen and the next mandatory screen for USA Volleyball.

Print Name _____ **Date** _____

Signature _____