



Basketball Coach Volunteer Form

☐ Male ☐ Female

Name _____
Address _____
City, State, Zip _____
Home/Cell/Office Phones _____
Birth Date (MM/DD/YYYY) _____ Social Security # _____

Please ☐ the league you would like to coach for:

Fall Basketball

- ☐ Basketball League, Grades 3-8
☐ All American Basketball, High School

Spring Basketball

- ☐ Basketball League, Grades 3-8
☐ All American Basketball, High School

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 Boys & Girls Club of the Lower Naugatuck Valley permission to conduct a background check on you. **All information on this form is required.**

Print Name Clearly

Signature

Date

Return this form...

- *By mail* to Physical Director, Boys & Girls Club of the Lower Naugatuck Valley, One Positive Place, Shelton, CT 06484
- *By fax* to 203-924-7912
- *By email* to LavietesClubhouse@BGC-LNV.org