



Basketball Coach Volunteer Form

☐ Male ☐ Female

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

Please ☐ the league you would like to coach for:

- ☐ *Basketball League, Grades 5 & 6*
- ☐ *Basketball League, Grades 7, 8 & 9*

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. Please complete this Basketball Coach Volunteer Form, then we will provide you with our Background Check Policy and Background Check Form.

Print Name Clearly

Signature

Date

Return this form...

- *By mail* to Athletic Supervisor, Boys & Girls Club of the Lower Naugatuck Valley, One Positive Place, Shelton, CT 06484
- *By email* to Basketball@BGC-LNV.org