All coaches and volunteers who have direct contact with youth athletes during scheduled club practices and other club activities must submit this application and sign the Background Screening Acknowledgement section.



Coach/Volunteer Application Background Screening Application

Background Screening Application (A copy of a valid government issued ID must be attached)

Mail To: Lori Smith-Thompson 5524 Samantha Avenue Lakewood, CA 90712

Application Fee: \$10.00

Club Name		Club #					
	Coach/V	/olunte	er Inform	nation			
Full Legal Name			Date of Birth/				
Previous (or Maiden) Nam						Year	
Current Address							
City							
County	Phone # ()	Alterna	ate Phone # ()		
*USATF Membership #_ *Current membership is required to process t second digit of the membership number will	E- this application and for the coach/volu	-mail	ed "in good standing" an	nd to be covered by the genera	ral liability insurance pol	licy ♦ Note: the	
	rovide all residences in la	•			•		
Prior Residence: City	State _	Zip	County		Dates	to	
Prior Residence: City	State _	Zip	County		Dates	to	
3. Name of school / college Start date 4. Number of clinics attende 5. Please indicate additional application	End date ed (please al information, qualificatio	City _ list on separa	ate sheet) emments you fee	Stare pertinent to ke	tate		
The "Background Sc	reening Acknowledgem	nent" section	must be comp	leted for this appl	lication to be p	rocessed	
	Background S	creenir					
As a pre-condition to serving as a USATF which will include a review of sex offender officers, employees, agents, volunteers th previous acceptance as a USATF Youth entitled to appeal procedures as outlined in	r registries, child abuse, and criminal hi nereof, and any other person or organiz Coach/Volunteer does not obligate Us	istory records. I here ization that may provi SATF, or its local Ass	eby release and hold har vide such information in a	rmless from liability the local L accordance with the laws of th	USATF Association, USA he United States. I furthe	ATF, Inc., the er understand that	
Social Security #	Valid D	river's Licen	se #		State Issue	ed	
Applicant Signature (Req	juired)			D)ate		
Type or Print Name (Req	լuired)						

USATF, Inc. and its local Associations will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.