Potomac Soccer Association

AUTHORIZATION FOR BACKGROUND CHECK

Please read, complete and sign this form in the spaces provided below.

Your written authorization is necessary.

Please enclose a check in the amount of $10 to cover the fees (payable to 'PSA')

Potomac Soccer Association is committed to protecting the health, safety and security of all players, parents and coaches. Background checks serve as an important part of our selection process and are conducted on all who have contact with our children/youth participants**.**

Potomac Soccer Association may use third party administrators to conduct background checks. The type of information that can be collected by PSA includes, but is not limited to, a criminal background check, education and employment history.

Potomac Soccer Association will ensure that all background checks are held in compliance with applicable federal and state statutes.

Potomac Soccer Association reserves the right to make the sole determination concerning information or any decision arising out of the background check.

I (print name), _____, hereby authorize Potomac Soccer Association and/or third party administrators to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position of team coach/trainer, and or any other compensated role within PSA. I understand that Potomac Soccer Association may utilize an outside firm(s) to assist in checking such information, and I specifically authorize such an investigation by services and outside entities of their choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, however, PSA will not permit me to be a youth coach.

_____ _____

Signature of Applicant/Employee Date

Applicant/Employee's Legal Name:

_____ _____ _____ _____

Last Name First Name Middle Name Former Last Name

_____ _____

Social Security Number Date of Birth

_____

Street Address City State Zip

_____

Phone Number with Area Code

Office Use Only

Pass Fail Date:_____ Notified: Yes No Person Notified: _____

DMP;PSA;backgroundauthorization-Jan09