

**Florida Region Volleyball Association of USA Volleyball**  
13900 CR 455, Suite 107-133 Clermont, FL 34711  
Phone (321) 218-9113 FAX (321) 218-6402  
usavflregion@yahoo.com

**Coaches, Chaperones and Administrative Club Staff  
Consent and Waiver Release Form**

Applicant's Name (printed): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Club Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- |   |              |            |     |
|---|--------------|------------|-----|
| 1. Have you been convicted (past 10 years) of a felony or misdemeanor?<br>(Certain convictions may not be an absolute bar to participation.)<br>Explain _____ | Yes___ No___ | Check One  |     |
|   |              | Coach      | ___ |
| 2. Are you currently out on bail or your recognizance, pending trial?<br>(Certain convictions may not be an absolute bar to participation.)<br>Explain _____  | Yes___ No___ | Chaperone  | ___ |
|   |              | Adm. Staff | ___ |

**BACKGROUND SCREEN RELEASE:**

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

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain  
Name of Applicant  
information regarding myself. This includes the following:  
**Social Security Number Verification, Criminal background records/information, Drivers 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 two years thereafter as long as that individual is a registered member.

**DISQUALIFIERS**

I understand that the following will result in disqualification from all junior activities If I have ever been found guilty, pled guilty or pled nolo contendere for sexual abuse, molestation, physical abuse, felony aggravated assault or assault of a minor, murder, manslaughter, kidnapping, and corruption of the morals of a minor.

Any conviction, guilty plea or plea of nolo contendere that occurs after the initial background screen has been completed is also grounds for disqualification from junior activities.

In addition, if it is found that I have falsified any information on any registration application or this form, I understand and agree that I will be denied registration in this association.

A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

Further, I understand that if negative information is found and I am disqualified for a cause other than listed above, I have the right of Due Process as described and outlined by USA Volleyball and its Regional policies.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Club Contact Information for Background Screening Reports**

The designated individual listed below will be contacted by Southeastern Security Consultants, Inc. (SSCI) if it becomes necessary to send notice of Automatic Disqualification to the Club Director concerning any background screening applications submitted by the Club.

Club Name: \_\_\_\_\_

Club Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Designee to receive background screening information if different than Club Director:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

This form is to be submitted to the  
Florida Region Volleyball Association  
who will forward to:  
**SSCI**  
**2627 Sandy Plains Rd., Suite 203**  
**Marietta, GA 30066**  
**FAX: 866-996-1292**

Region Person Sending Form \_\_\_\_\_  
Print Name