



CRIMINAL HISTORY FORM

Grand Ledge Area Youth Football
&
Grand Ledge Area Youth Cheer



Applicable to all persons applying for a coaching, or assistant coaching positions.

TEAM: _____ GRADE LEVEL: _____

Please print:

FULL LEGAL NAME: (include maiden name, if applicable) _____

SEX: _____ DATE OF BIRTH: _____ RACE: _____

PRESENT ADDRESS: _____
Address, Street, City, State, and Zip code

DRIVERS LICENSE NUMBER: _____

TELEPHONE: () _____

INDICATE BELOW ALL CRIMES FOR WHICH YOU HAVE BEEN CONVICTED, IF ANY:

I hereby recognize and agree that if the report received from the Department of State Police is not the same as the statement above, my position as coach will be terminated. My signature below confirms my authorization for a criminal history check to be conducted, using the above personal information I have provided.

SIGNATURE (required) _____

DATE: _____

**All of the above information will be kept confidential within the Board of Directors.