



All Coaches and Volunteers are Essential to the continued Success of Recreational Softball in our Community.

Thank you for your interest in coaching or assisting in the league or a team.
In order for you to be an approved volunteer or coach we will need an:

- **ASA Background check**
- **Safe Sport Certifications**

The League will provide the cost for Insurance for all applying and the Background check, Concussion and Safe Sport training.
This is all FREE!

Step 1: ASA Background Check

Click below to complete a USA/ASA Background Release form.
Please print, sign, and send with a copy of your Driver's License and forward to your League 'Registrar' (Brianna Boyett) via email or hand deliver.

[ASA BACKGROUND CHECK](#)

Step 2: Safe Sport Certifications

Once your volunteer application is received by the Registrar and entered onto USA Softball's registration website you will be notified. Your notification will allow you to sign in and complete SafeSport for **FREE**.



USA Softball has many important responsibilities as the National Governing Body of softball in the United States, including regulating competition to ensure fairness and equal opportunity to the millions of players who play the sport.



Volunteer Coach Interest Form

The completion of this application does not guarantee a coaching position. The OFSA Board will meet and notify all coaches of approval. All head coaches and assistant coaches will be required to become ACE certified and go through a background check. At no time shall a team event take place without an ACE certified person present. If you are a first time coach, OFSA will pay for this certification.

Contact information:

Name _____ E-mail _____
Address _____ City, State zip _____
Phone # _____

Coaching Interest

Division:
 T-ball 6u 8u 10u 12u 14u

Level:
 Spring Fall Select

Position:
 Head Coach Assistant Coach Team parent

Connection:
 Parent of player Relative to player No player in program

Coaching Experience

Please list sports coached, years of experience, head coach or assistant, what school and organization, other....

Background

Have you ever been convicted of any crime, including a misdemeanor or a felony? Yes No If yes, for what offense(s) have you been convicted and provide dates and circumstances of conviction(s)

Please note: A record of a conviction does not automatically bar an applicant from coaching in the OFSA program. OFSA will review such conviction record to determine if it substantially relates to coaching position.

Consent/Authorization

I certify that all of the information provided on this Coaching Interest Form is true to the best of my knowledge. I also understand the city of Ontario may look to verify the information that I provided on this form. I authorize all persons, including law enforcement agencies, to release any information concerning my background to the city of Ontario.

Signature _____ Date _____

ASA Background Check Release and Authorization Form for Independent Contractors and Volunteers
Disclosure and Authorization

In connection with my application for employment or to serve as an independent contractor or volunteer with the Amateur Softball Association of America, Inc., its affiliates and/or any of its local associations (collectively "Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

<p>Residents of Washington State <u>only</u>:</p> <p>Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.</p>	<p>Residents of Minnesota and Oklahoma <u>only</u>:</p> <p>Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p align="center">I wish to receive a copy of any consumer report on me that is requested.</p>
<p>Residents of New York <u>only</u>:</p> <p>Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.</p> <p align="center">I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.</p>	<p>Residents of California and Maine <u>only</u>:</p> <p>Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p align="center">I wish to receive a copy of any report on me that is requested.</p>

Print Name: Last Name _____ First Name _____ Middle Name/Initial _____ Phone # _____

Aliases/Other Names Known By (in last ten years) _____ Email Address _____

Social Security Number SSN may be requested at a later time _____ Date of Birth _____ Desired Position with ASA _____

Driver's License Number _____ State _____ ASA ID Card Member # _____

Current Address _____ City: _____ County _____ State _____ ZIP _____

Prior Address (if within last 5 years) _____ City: _____ County _____ State _____ ZIP _____

*****Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization*****

Applicant Signature _____ Today's Date _____ (04-15a Rev)