



SCOTT CARRIGAN, INC.
Coaching/Athletic Volunteer Application Form

Name: _____ **Home Phone:** _____
Last First Middle Initial

(If other names have been used in the past, i.e. maiden name, previous married names, list them on the back)

Address: _____
Street Apt # City/State Zip

E-Mail Address: _____ **# of Years at this Address** _____
(If less than 10 years, provide additional addresses on back)

SSN: _____ **Driver's License #:** _____
(Provide Copy. If no license, provide date of birth and recent photo)

Emergency Contact: _____ **Phone:** _____
Name

Employer: _____ **Phone:** _____

Program Name: Scott Carrigan Cal Ripken League

Season: Spring Fall Year _____

Check area of interest: Coach Official Scorekeeper Other _____

Have you ever been convicted or had adjudication withheld in a criminal offense, or are there any criminal charges now pending against you? Yes (provide details, including County below) No

Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I understand that I will not be compensated for services provided. I understand that as a condition of the volunteer assignment, my signature authorizes Scott Carrigan, Inc. to conduct a review of my criminal history, and obtain verification of my driver's license and social security number. I certify that the information provided is true and accurate to the best of my knowledge.

COLLECTION OF SOCIAL SECURITY NUMBERS: Scott Carrigan, Inc. is requesting disclosure of your social security number. Such disclosure is imperative for the department's prescribed duties and responsibilities and is in compliance with Florida Statute 119.071 (5). Collection of your social security number is for identification and verification purposes. Social security numbers are also used as a unique identifier and may be used for search purposes.

Volunteer's Signature: _____ Date: _____

Parent Signature (if under age 18): _____ Date: _____

Carrigan Use Only:

Volunteer Accepted: Yes No Background check complete: Yes No

Volunteer Coordinator Signature: _____

Forward Volunteer Applications to: Scott Carrigan, Inc. P.O. Box 6688 Ocala, FL 34478-6688
 For more information, call 433-0339