



# PARKS AND RECREATION DEPARTMENT

1126 East State Road 434  
 Winter Springs, Florida 32708-2799  
 Telephone 407-327-4761  
 Fax 407-327-4763

## **BACKGROUND CHECK & COACHES REGISTRATION** **REQUEST FORM**

Please print in blue or black ink and return. Thank you!!

1. IT IS REQUESTED THAT A BACKGROUND INVESTIGATION AND A REVIEW OF DEPARTMENT RECORDS AND/OR APPROPRIATE INQUIRES BE CONDUCTED ON THE BELOW NAMED APPLICANT TO AID IN DETERMINING SUITABILITY FOR COACHING OF YOUTH SPORTS.

Last Name	First Name	Middle Name	Maiden Name		
Place of Birth	Date of Birth (m/d/y)	U.S. Citizen Yes No	Sex Male Female	Race: Black White Hispanic Other	
Social Security Number	Driver's License Number	State of Issuance	Type Operator Chauffeur		
Address (Street Name and Number)			Apt #		
City	State & Zip Code	Day Phone Number	Evening Phone Number		
Organization/League Name	Team # & Name	Applying to Coach Grade Level/Age	Email Address		

2. NAME OF SPORT(S) REQUESTING TO COACH: Please Check:

Archery	Baseball	Basketball	Bowling	Cheerleading
Football	Golf	Gymnastics	Hockey	Martial Arts
Soccer	Softball	Swimming	Tennis	Track & Field
Volleyball	Water Polo	Weight Lifting	Wrestling	Other _____

3. LIST THE LAST THREE CITIES OR ORGANIZATIONS YOU HAVE COACH FOR:

CITIES OR ORGANIZATIONS NAME	CONTACT NAME	CONTACT NUMBER

DATE SUBMITTED

SIGNATURE OF REQUESTER

City of Winter Springs Police Department – Use Only

REPORT OF INVESTIGATION

4. AS OF \_\_\_\_\_, 20\_\_\_\_, APPROPRIATE INQUIRIES REFLECT  
 NO UNFAVORABLE INFORMATION IDENTIFIABLE WITH APPLICANT  
 DETAILED INFORMATION WAS DEVELOPED. COPY OF REPORT(S) AND/OR SUMMARY ATTACHED HEREWITH.

SIGNATURE

ENCLOSURE ( )