

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

**Club Director, Board Member, Referee and Region Staff
Consent and Waiver Release Form**

Applicant's Name (printed): _____ Date of Birth _____

Status _____ Social Security Number _____

Applicant's Present Address: _____

City _____ State _____ Zip _____

1. Have you been convicted (past 10 years) of a felony or misdemeanor? Yes___ No___
(Certain convictions may not be an absolute bar to participation.)
Explain _____

2. Are you currently out on bail or your recognizance, pending trial? Yes___ No___
(Certain convictions may not be an absolute bar to participation.)
Explain _____

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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Region 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 FL Region Commissioner concerning any background screening applications submitted by any Club Director, Board Member, Referee, or Region Staff Member.

Commissioner Name: Dana J Voight Term Expires: Aug. 1st, 2008

Address: 1233 Russell Dr

City: Ocoee State: FL Zip: 34761

Phone: 407-509-5011 FAX: 407-649-8334 Email: danausav@earthlink.net

Designee to receive background screening information if different than FL Region Commissioner:

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