



2011-12 HERMISTON AAU BASKETBALL CLUB COACH/VOLUNTEER REGISTRATION FORM

Volunteer Name (Last, First, Middle) Birthdate Social Security # **

Volunteer Address City, State, Zip

Home telephone Cell Phone Email address

Birthplace – City Birthplace – County Birthplace – State Drivers License # / Exp

Past volunteer experience (please list dates and positions held)

Personal Reference (please list three names and telephone numbers)

Volunteer position (*coach, asst coach, team parent, board member, other*) Do you have AAU Card, number?

Medical Insurance Carrier Physician Dr. Telephone

**If you do not wish to provide us with your social security number, please provide your address history for the past 7 years

Street Address, City, State, Zip Dates

By paying or authorizing payment of my annual AAU Club membership dues: I certify that: (1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, (2) this application is correct in every material aspect, including but not limited to my (street) address and birthdate. The applicant agrees to be bound by the AAU Code, including all AAU policies, which are available for review on the AAU website at www.aausports.org. If volunteer is less than 18 years of age parent/guardian signature is required. The applicant gives permission for a background check to be obtained by the Hermiston AAU Club.

Volunteer Signature Date