



**CITY OF CLEVELAND HEIGHTS
PARKS & RECREATION DEPARTMENT
WINTER RECREATION YOUTH BASKETBALL LEAGUE**

VOLUNTEER COACHES' INTEREST AND INFORMATION LETTER

Dear Prospective Coach,

I hope this letter finds you well and preparing to coach this coming Recreation Youth Basketball season. The League could not exist without the dedication and efforts of volunteer coaches like you.

Please take a moment to complete the questionnaire listed below and return it by **Monday, November 22, 2021** (see address and Email listed below).

Name: _____

Address: _____

City: _____ Zip Code: _____

Preferred Phone: _____

Email: _____

Grade(s) Preferred:

_____ Coed K-1 _____ Coed 2-3 _____ Boys 4-5 _____ Girls 4-6 _____ Boys 6-8

Previous Coaching Experience: _____

Previous Coaches Training: _____

Return to: Mike Discenzo
Cleveland Heights Parks & Recreation
40 Severance Circle
Cleveland Heights, OH 44118
Office: (216) 691-7383
Email: mdiscenzo@clvhts.com





CITY OF CLEVELAND HEIGHTS PARKS & RECREATION DIVISION

Volunteer Coaches' Background Consent/Release Form 3282

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____

