



CRIMINAL HISTORY VERIFICATION OF COACHES

Please type or print clearly.

NAME: First _____ Middle: _____ Last: _____

List other names previously used: _____

Date of Birth: _____ Sex: _____ Oregon Driver's License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A. Have you **EVER** been convicted of a sex-related crime?..... [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors?..... [] Yes [] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence..... [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages?..... [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes traffic crimes).... [] Yes [] No

E. Have you **EVER** been arrested for a crime in which there has not yet been an acquittal or dismissal? [] Yes [] No

Advisory: A check of the coach's criminal history will be made by the Territorial Sports Program to verify all responses to the preceding questions.

I hereby grant the Territorial Sports Program permission to check civil or criminal records to verify any statements made on this form.

Coach's Signature: _____ Date: _____

Regardless of whether the applicant grants consent, the Territorial Sports Program will conduct a criminal offender record check of persons for the position of athletic coach or any other position working around children. The applicant is entitled to review his/her criminal history for any inaccurate or incomplete information. Discrimination by an organization on the basis of arrest records alone may violate federal civil rights laws. The coach may obtain further information concerning the coach's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, OR 97232, telephone 503-731-4075.

I acknowledge the receipt of this notice.

Coach's Signature: _____ Date: _____

Note: In order for the Territorial Sports Program to process this request, the coach must sign one of the above statements.