



Pohatcong Township Police Department

BACKGROUND CONSENT/RELEASE FORM

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Race:

Date of Birth:

S.S.#:

Drivers License #:

State:

Please complete the following questions. Incomplete forms may be returned to applicant.

Which position are you applying for? Head Coach ☐ Assistant Coach ☐ Other:

Did you coach last season? Yes ☐ No ☐ what organization?

Which sport and league do you wish to coach?

Have you ever been charged or convicted of a felony criminal offense? Yes ☐ No ☐

If so explain:

AUTHORIZATION OF A BACKGROUND CHECK:

I hereby certify, by my signature below, that the information I have provided is accurate and true to the best of my knowledge and I authorize the Township of Pohatcong to conduct a police, court, and sex offender records check on my background while I am volunteering with the Township of Pohatcong. I understand that the disclosure of a record will not result in an automatic disqualification from employment, but will be considered in relation to the specific position for which I am applying. I also understand that the failure to complete this form or providing false information will result in disqualification of participation.

Signature

Date

Administration only

Received on:

Received by:

Approved on:

Approved by:

Expiration:

Signature of Chief of Police: _____