

BHJFL BACKGROUND CHECK FORM

This form must be completed before coaches, volunteers or parent volunteers work with our children. The following information must be completed prior to starting to volunteer with Black Hills Junior Football League. Please respond and sign the acknowledgement below that a **Washington State Patrol Background Inquiry** will be made.

Please PRINT your name:	-		
,	FIRST	MIDDLE	LAST
Maiden Name/Alias		Date of Birth(mm/Day/Year)	
	Sex:	Race:	
TEAM INTERESTED IN CO	ACHING:		
POSITION WITH TEAM:			
	League and its autho	ormation I have provided herein is true orities to make a Washington State Pa League.	•
SIGNED:		DATED:	
PRINTED NAME:			
FORMS MUST BE EMAILE	D TO DARRELL SMITH	HAT DARRELL328@GMAIL.COM	

FORMS WILL NOT BE ACCEPTED ANY OTHER WAY.