

MYFFA Coaches Contact Sheet

Name _____

Street Address _____

City/State/Zip _____

Phone # (____) _____ Alternate Phone # (____) _____

Social Security # _____

Drivers License # _____

Have you ever been convicted of a crime of a sexual nature? Yes No

If yes please explain _____

Have you ever been convicted of any other felony? Yes No

If yes please explain _____

I understand that my signature below gives MYFFA my permission to release the above information for the purpose of a background check.

Sign _____

Date _____