

Pottsboro Youth Association  
Background Check Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license # \_\_\_\_\_ State Issued \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List other states that you have lived in:

I give Pottsboro Youth Association permission to perform a background check per the information provided above. I also understand that this is a requirement before I will be allowed to coach or be a dugout mom for any Pottsboro youth programs.

\_\_\_\_\_  
Applicant's Signature