



# Adult Coach Application Form

PLEASE NOTE - You may fill out this form on your computer, save a copy for your records, and print to submit.

Miracle League of Richmond is committed to providing a safe and fun environment for our players and their families. Your participation is vital to the success of the program and the enjoyment of the players and their families. As a matter of normal operations, the league will conduct background checks on all volunteers or hired workers, who provide regular service to the league and / or have repetitive access to, or contact with, players or teams.

**Name:**  
**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
**Area of Interest:** \_\_\_\_\_

**Shirt Size:** S  M  L  XL  XXL  XXXL

**Previous Coaching Experience:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby submit this request to volunteer without reservation or condition to The Miracle League of Richmond, Inc. ("the League") and hereby promise to abide by established rules and regulations at all times.

In consideration for the Miracle League of Richmond, Inc. ("the League") providing the opportunity for me to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Leagues and its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the undersigned.

**Medical Release** - I assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for me to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event I suffer an injury during sanctioned games and activities. **please initial** \_\_\_\_\_



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**Media Release** - I understand that there will be media and promotional coverage of Miracle League Games and activities and I give my consent to publish my name and picture for such purposes. I hereby grant the Miracle League Association, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself and my family members. I hereby release and forever discharge the League from any and all liability and damages relating to my name, voice, likeness or any identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of my family and myself. I have agreed to the above in consideration of the opportunity given to me by the League to appear in these materials. **please initial** \_\_\_\_\_

please sign \_\_\_\_\_ date \_\_\_\_\_

**Return to:**  
**Miracle League of Richmond, Virginia**  
**P O Box 1157**  
**Mechanicsville, Virginia 23111**  
**Karen@MiracleLeagueofRichmond.com**

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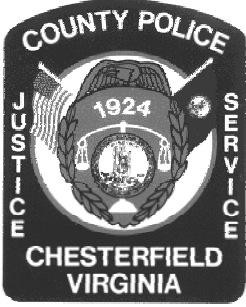
## For MLoRic League Use only

MLoRic Rec Date: \_\_\_\_\_ Prior Volunteer Yes      No      Prior Time / Yr \_\_\_\_\_

Check #: \_\_\_\_\_ Vol Spec Qual Related: \_\_\_\_\_ MLoRic Officer Initials : \_\_\_\_\_

# CHESTERFIELD COUNTY CRIMINAL RECORD CHECK RELEASE OF INFORMATION

POLICE ADMINISTRATION USE	



**PLEASE  
PRINT  
CLEARLY  
FILL OUT ALL  
APPLICABLE  
INFORMATION**

**FOR CO-SPONSORED COACHES,  
VOLUNTEERS, PROSPECTIVE COUNTY  
EMPLOYEES, COUNTY EMPLOYEES,  
COUNTY VOLUNTEERS AND OR SOCIAL  
SERVICE APPLICANTS.**

**TO WHOM IT MAY CONCERN:**  
I, the applicant, hereby authorize Chesterfield County to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for "OFFICIAL USE" by Chesterfield County for the sole purpose of determining my eligibility to: volunteer, be employed, be promoted or transferred, or for Social Services application and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for volunteerism, employment and or application considerations with Social Services. This release shall be effective on the date of its execution and will expire upon completion of my criminal record check.

<b>Today's Date</b>	<b>Applicant's Signature</b>


APPLICANT'S REQUEST	
<b>COACHING</b>	<b>The Name of Your Co-Sponsored League Or Association</b>
	<b>Coaches Card Renewal</b> Your Current Card Number
	<b>FIRE/EMS VOLUNTEER</b> Fire Station # or Rescue Squad
	<b>COUNTY EMPLOYMENT</b> Employee: Position or Promotion
	<b>Social Services Request</b> <input type="checkbox"/> Other.. Please Specify

APPLICANT'S PERSONAL INFORMATION	
<b>LAST NAME</b> (With Suffix)	
<b>FIRST NAME</b>	
<b>FULL MIDDLE NAME</b>	
<b>MAIDEN NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	
<b>GENDER</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>RACE</b>	
<b>HEIGHT</b>	<i>'Feet      "Inches</i>
<b>WEIGHT</b>	<i>Pounds</i>
<b>EYE COLOR</b>	
<b>HAIR COLOR</b>	
<b>BIRTH DATE</b>	
<b>STATE OF BIRTH</b>	
<b>COUNTRY OF BIRTH</b>	

<b>CURRENT ADDRESS</b>	
<b>CITY, STATE &amp; ZIP</b>	
Home Telephone	
Work Telephone	
Cellular Telephone	
<b>If Your Current Address Is Less Than Five (5) Years, Please Provide Your Previous Address Information.</b>	
PREVIOUS ADDRESS	
CITY STATE & ZIP	