



Mountain View – Los Altos Girls Softball League

P.O. Box 4264, Mountain View, California 94040 • www.mvlags.org

BACKGROUND CHECK FORM INSTRUCTIONS

Below is the new Background Check form. It must be filled in completely to initiate the Background Check Process with Mountain View – Los Altos Girls Softball.

All Team Staff (Managers, Head Coaches, Assistant Coaches & Chaperones) must undergo a background check before they can be approved as Team Staff. Filling out and returning this form starts the process so please take care of this right away. It only takes a few minutes.

As you are completing the form, you'll find two entries that may seem confusing. They are:

- ASA ID Card Member #
- Desired Position w/ ASA

Please leave these two items blank. The rest of the form must be filled in completely.

Once you have completed the form, please print it out, sign-it and return it to us right away. To return it, you may either:

- 1) email a scanned copy to: asa@mvlags.org (preferred method!)

or

- 2) (only if you are unable to scan and email the form) mail it to:

Mountain View Los Altos Girls Softball
PO Box 4264
Mountain View, CA 94040
Attn.: Pattie Bryant

Thank you for taking care of this right away!!

AMATEUR SOFTBALL ASSOCIATION - NOTICE OF BACKGROUND CHECK AND CONSENT

IMPORTANT –PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The Amateur Softball Association of America and/or its local associations (collectively, “ASA”) are volunteer driven not-for-profit organizations. One of ASA’s objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of softball. You are already working with ASA or you have expressed an interest in becoming a volunteer with ASA. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or “driving record”) checks on you pursuant to your written consent and instructions below. Accordingly, ASA may obtain reports on your criminal background and/or driving history from a “consumer reporting agency.” The report may include information gathered from county, federal, statewide or other record searches, as guided by personal identifier information obtained through a Social Security Number trace, name address or other information. You may refuse to provide your consent to a background check, however, your refusal may affect your ability to participate in ASA programs. NOTE: Conducting a Social Security Trace does NOT access the subject’s credit history nor affects the subject’s credit score or credit rating. ASA has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, P.O. Box 105108, Atlanta, GA, 30348, by telephone at 800-845-6004 or through the internet at <http://www.lexisnexis.com/> and/or <http://personalreports.lexisnexis.com/>

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. Please note that ASA does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, national origin or ancestry. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources. The consumer reports will not include credit record checks. The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, Maine, and Oklahoma are attached to this form.

By signing below you are authorizing and instructing ASA to immediately obtain criminal background and driving record reports from a third party (utilizing a social security number trace or other information such as your name, address or driver’s license number) as ASA deems necessary and appropriate. Moreover, you are allowing and instructing ASA to obtain those reports from a third party on an ongoing basis without any additional notice or consent for as long as you are a volunteer or otherwise associated with ASA. You may revoke this consent at any time by providing ASA with a written notice of revocation.

AUTHORIZATION, CONSENT AND INSTRUCTION

I acknowledge receipt of the Notice of Background Check and certify that I have read and understand that notice. I hereby voluntarily consent to ASA obtaining a background check on me and I authorize and instruct ASA to obtain criminal background and/or driving record reports from a third party (utilizing a social security number trace or other information such as my name, address or driver’s license number) as ASA deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ASA. Accordingly, ASA may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis (i.e. annually or semi-annually) throughout my association with ASA without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records but not credit history) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or ASA itself. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I agree that a facsimile (“fax”) or photographic copy of this Authorization and Instruction shall be as valid as the original.

Include a Legible Photo Copy of your Driver’s License Attached to this document.

Printed Name (Full Legal name) Last, Middle, First		Date of Birth	Aliases or Former Names used in past ten years	
Signature	Date	ASA ID card Member #	Email address	Phone Number
Current Residence, Street Address		Driver’s License # & State	Prior Residence (in last 5 years), Street Address	
Current Residence, City, State & Zip Code		Desired Position w/ ASA	Prior Residence (in last 5 years), City, State, & Zip	

