



Consent and Waiver Release Form

All fields are required. Missing information will delay the processing of this form.

Applicant's Name (printed) First: _____ MI: _____ Last: _____
Mother's Maiden Name: (Puerto Rico residents only) _____
Present Street Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Email: _____ Work Phone: _____
SSN: _____ US Visa Number: _____ Cell Phone: _____
(Do not leave blank. If no SSN, write "no SSN") (if applicable)

BACKGROUND SCREEN RELEASE: I hereby release and hold harmless USA Volleyball (USAV), the Regional Volleyball Associations (RVAs), their employees and agents, from any liability resulting from a background screen, including the specifics listed below.

I, _____ (*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and Addresses.

I, the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my employment and/or volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

I understand that it is the policy of this organization that any member who USAV/RVAs formally authorizes, approves, or appoints (a) to a position of authority over, or (b) to have frequent contact with athletes, where the NGB/RVA has control over the appointment process in any capacity, shall submit to a background screen immediately upon application for registration and every second season thereafter as long as that individual is a registered member. Examples of such positions subject to background screening include, but are not limited to, supervisory personnel, club directors, team representatives, coaches, chaperones and trainers, officials, junior tournament directors, junior tournament site directors and on-site junior tournament administrators/managers.

Further, I understand that I have the right to review and dispute the accuracy of the background screening findings directly with the approved vendor and understand that I have the right to request a hearing to appeal a disqualification based on USAV's hearing procedures which can be found at www.teamusa.org/usa-volleyball/about-us/governance.

USAV and the RVAs retain the right to require additional background screens at any time.

Print Name: _____ Date: _____

Signature: _____



CONSENT: I UNDERSTAND AND AGREE that any USAV/RVA background check that results in a report of a disposition or resolution of a criminal proceedings, other than an adjudication of not guilty (which includes pending or deferred judgements) for any of the following criminal offenses, will be subject to USAV/RVA policies and procedures to determine my level of access and involvement: any felony; any misdemeanor involving: any drug related offenses; harm to a minor and vulnerable person, including, but not limited to, offenses such as child abandonment, child endangerment/neglect/abuse, contributing to the delinquency of a minor, and DUI with a minor; violence against a person (including crimes involving firearms and domestic violence); stalking, harassment, blackmail, violation of a protection order and/or threats; destruction of property, including arson, vandalism, and criminal mischief; and animal abuse or neglect.

I FURTHER UNDERSTAND AND AGREE that disqualification from all junior events and/or activities will result if I have a disposition or resolution of a criminal proceeding, other than an adjudication of not guilty (which includes pending or deferred judgements) for all sex offenses (felonies and misdemeanors) regardless of time limit, criminal offenses of a sexual nature to include but not limited to; rape, child molestation, sexual battery, lewd conduct, possession and distribution of child pornography, possession and distribution of obscene material, prostitution, indecent exposure, public indecency, and any sex offender registrant; Murder and Homicide regardless of time limit; Felony Violence and Felony Drug offenses in the past 10 years; any misdemeanor violence offenses in the past 7 years; any multiple misdemeanor drug and/or alcohol offenses within the past 7 years; any other crimes against children in the past 7 years. I understand that the time frames associated with the categories of crime listed above are calculated based on the date of the offense. If I am disqualified, I must wait one season before reapplying for affiliation with USAV/RVA. Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require that I resubmit for a background screen clearance before further participating in junior events and/or activities. Falsification of any information on any registration application or this form is grounds for membership revocation or denial of membership. A conviction or falsification of information that results in revocation or denial of my registration forfeits all fees paid with my registration application.

I have read and understand this consent in its entirety. I unconditionally accept the terms and conditions herein, including but not limited to the disqualifier language specified herein.

Any criminal conviction, finding of guilt, guilty plea or plea of nolo contendere for an offense listed above that occurs after the initial background screen has been completed will require the applicant to resubmit for a Background Screen clearance before further participating in junior events and/or activities.

Falsification of any information on any registration application or this form is grounds for membership revocation or restriction of membership. A conviction or falsification of information that results in a failed background screen forfeits all fees paid with my registration application.

By signing the Background Screen Consent form, I agree to report to the Regional Volleyball Association any convictions for offenses found in the Automatic Disqualifier list that may occur between this background screen and the next mandatory screen for USA Volleyball.

Print Name: _____ Date: _____

Signature: _____