



Indiana Boys Volleyball Coaches Association



Background Check Authorization Form Application

Must be submitted with new coaching hire/change

Name of School _____

I confirm that the following coaches have passed the Indiana Background Check according to the state guidelines and restrictions:

Coach _____ Level _____

Coach _____ Level _____

Coach _____ Level _____

Coach _____ Level _____

Coach _____ Level _____

Signature of Athletic Director

Date

Printed Name

OR

Signature of Principal

Date

Printed Name

Please scan and email to:
Ben Sabin - ben_2208@yahoo.com