

Organization: American Legion MN

Please enter your information within the next 30 minutes

*** THIS ONLINE APPLICATION IS PROTECTED BY A SECURE CERTIFICATE AUTHORITY, WHICH SUPPORTS UP TO TLS1.2 256-BIT ENCRYPTION PROCESS. THIS PROCESS CAN BE VERIFIED USING YOUR BROWSER'S SECURITY CERTIFICATE INFORMATION PAGE. ALL INFORMATION PROVIDED ON THIS FORM IS SECURE. FOR MORE INFORMATION ON HOW TO ACCESS THIS INFORMATION, PLEASE CONTACT US.**

PERSONAL INFORMATION

Full Legal Name

First
First

Middle
Middle

Last
Last

I have no legal middle name

Other Names Used:

Check this box to enter other names you may have been known as in the past, such as your maiden name.

Date of Birth:

(MM/DD/YYYY) (Required for identification purposes only)

Email:

Confirm Email:

Social Security Number:

Enter Numbers Only

(###-##-####) (Required Only for Identity Verification Purposes)

Ethnicity:

Select

Gender:

- Female
 Male

Phone Number:

(###)###-####

Drivers License:

Number

(MM/DD/YYYY)

Street, Apartment, etc.

State

City

Zip

Continue

Application Questions

1. Team Name

2. District

3. Legion Program

4. Division

5. Your Position

Volunteer Questions

List any organizations where you have volunteered your time and talents within the past 5 years, so we may contact them for a reference check.

1. Organization Name

2. Phone Number

3. Email Address

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DMV Questions

2. Have you been convicted of driving under the influence of drugs or alcohol anytime within the past 7 years?

- Yes
- No

3. If yes, when and where?

4. Have you ever been charged with, indicted for, or pled guilty to a crime, including traffic violations?

- Yes
- No

5. Explain?

I certify that all personal information entered above is true and accurate.

First Name:

Middle Name:

Last Name:

Date:

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DISCLOSURE AND AUTHORIZATION – BACKGROUND INVESTIGATION

The American Legion Accident and Liability Insurer is requiring all American Legion Baseball Teams to complete a background check on all coaches, volunteers and administrators who have regular contact with players. I understand that I will not be able to participate in Minnesota Legion Baseball in any capacity without a background check, and my team will not be able to register for play until background checks have been completed for team coaches, volunteers and administrators who have regular contact with players. By submitting this information I agree to have "Protect Youth Sports" of Tampa, Florida conduct a background check on me.

In connection with my application for employment or to serve as a volunteer with The American Legion MN, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by The American Legion MN for employment or volunteer purposes, whichever is applicable, from The American Legion MN's designated Consumer Reporting Agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, social security number verification, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Consumer Reporting Agency. For information about the Consumer Reporting Agency's privacy practices, please reference the contact information located at the bottom of this form.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize The American Legion MN or it's authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, Fl 33618 or 1-877-319-5587. For information about Protect Youth Sports 's privacy practices, see www.protectyouthsports.com

[Print](#) I agree I disagree

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last four digits of SSN:	Date:	
<input type="text"/>	<input type="text" value="03/29/2018"/>	

By checking the 'I agree' box and entering my full name I recognize that this is equivalent to my legal signature.

I wish to receive a copy of any report on me that is requested.

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[Release My Application >](#)

Application Completed

Thank you,

It's been a pleasure serving you. Your results will be sent to the organization for which you've applied. Thousands of organizations nationwide trust [Active Screening](#) and their affiliate companies [Protect My Ministry](#) and [Protect Youth Sports](#) for their background screening needs. If you have a need for background screening services for your business, ministry or youth sports organization, please visit us online. Whether you need SSN validation, credit history, criminal checks, drug testing, I-9 work status, or any other number of services, we can build out the perfect background screening solution for your organization's needs.