

Organization: American Legion MN

Please enter your information within the next 40 minutes

* This online application is protected by a Secure Certificate Authority, which supports up to a 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.

Introduzca su información dentro de los próximos 40 minutos

* Esta solicitud en línea está protegida por una autoridad certificadora segura, que permite hasta un proceso TLS1.2 256 bits de codificación. Este proceso y el certificado de seguridad pueden ser verificados mediante la página de seguridad de su navegador. Toda la información proporcionada en este formulario está segura. Para obtener más información sobre cómo acceder a esta información, por favor póngase en contacto con nosotros.

Full Legal Name/ Nombre Legal Completo:	<input type="text"/> First/ Nombre	<input type="text"/> Middle/ Segundo Nombre	<input type="text"/> Last/ Apellido
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Other Names Used/ Otros Nombres Usados: Check this box to enter other names you may have been known as in the past, such as your maiden name. / Marque esta casilla para darnos a conocer otros nombres como pudo haber sido conocido(a) en el pasado. Por ejemplo, su nombre y apellido de soltero(a).

Current Address Since/ Dirección Actual Desde:	<input type="text"/> (MM/DD/YYYY)	<input type="text"/> Street, Apartment, etc./ Calle, Apartamento, etc.	
	<input type="text"/> City/ Ciudad	<input type="text"/> State/Estado	<input type="text"/> Zip/ Código Postal

Previous Address From/ Dirección Anterior De:	<input type="text"/> (MM/DD/YYYY)	<input type="text"/> Street, Apartment, etc./Calle, Apartamento, Etc.	
	<input type="text"/> City/ Ciudad	<input type="text"/> State/ Estado	<input type="text"/> Zip/ Código Postal

Previous Address From/ Dirección Anterior De:	<input type="text"/> (MM/DD/YYYY)	<input type="text"/> Street, apartment, etc./ Calle, Apartamento, Etc.	
	<input type="text"/> City/ Ciudad	<input type="text"/> State/ Estado	<input type="text"/> Zip/ Código Postal

Social Security Number/ Número De Seguro Social: Enter Numbers Only /Solamente Ingresar Números
 (###-##-####) (Required Only for Identity Verification Purposes) / (Esta información es un requisito sólo para verificar su identidad)

Date of Birth/ Fecha De Nacimiento:
 (MM/DD/YYYY) (Required for identification purposes only) / (Esta información es un requisito sólo para verificar su identidad)

Ethnicity/ Etnia: Race/Ethnicity Unknown

Gender/ Género:

- Female
- Male

Phone Number/ Número De Teléfono: (###)###-####

Email/ Correo Electrónico:

Confirm Email/ Confirmar Correo Electrónico:

Drivers License/ Licencia de Conducir: Number/ Número State/ Estado

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Application Questions

1. **Team Name**

Enter full name of your team, e.g., MyCity Post 000 Winners

2. **District**

Select your home District # from the drop-down list, e.g., 1 through 10

3. **Legion Program**

Select either Senior or Junior from the drop-down list

4. **Division**

If your team is a Senior team, select either Division I or Division II from the drop-down list. If your team is a Junior team, ignore this item.

5. **Your Position**

Select your position from the drop-down list. Business / Budget Managers, Legion Post / Sponsor Liaisons, Scorekeepers, Administrators, Drivers, Chaperones, etc., should select "Other volunteer"

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**

List in format of "Person's name, Organization" (Listing Legion Baseball associates is permitted.)

2. **Phone Number**

3. **Email Address**

1. **Organization Name**

2. **Phone Number**

3. **Email Address**

1. **Organization Name**

2. **Phone Number**

3. **Email Address**

DMV Questions

1. **List all traffic/violations/automobile accidents (no matter of fault) within the past 3 years?**

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?**

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Authorization Text:

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

Print I agree I disagree

Full name:

Date:

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

Checking the box is recommended, so you can confirm completion.

I wish to receive a copy of any Background Check Report on me that is requested.

Consumer Reporting Agency contact information

Protect Youth Sports
14499 N Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 877-319-5587 Fax: 800-319-5582
www.protectyouthsports.com

< Previous **Submit >**