



PA-ALB – BACKGROUND CHECK FORM



Youth, or Prep, or Sandlot (please check correct league) Legion

Baseball team.

LEAGUE - NAME: _____ PRESIDENT OR DESIGNEE: _____

TEAM - NAME: _____ SPONSOR: _____

KEYS:

- **CY-113 - Child Abuse Background Check**
- **SP4-164 - State Police Criminal Background Check**
- **AFFIRMATION - Background Affirmation Statement**
- **FBI BACKGROUND CHECK - FBI Fingerprint based Criminal Background Check (if applicable)**

POSITION	FULL NAME	CY-113 DATE (MM/DD/YY)	SP4-164 DATE (MM/DD/YY)	AFFIRMATION DATE (MM/DD/YY)	FBI BACKGROUND CHECK DATE (MM/DD/YY)
MANAGER					
COACH					
COACH					
COACH					
COACH					
COACH					
OTHER					

I, _____ certify that the team manager / coaches named above
(Print League President or Designee Name)

have presented the following documents to me and they meet the following requirements:

- A child abuse clearance that is totally free of any past incidents: YES NO
- A criminal background check that meets the established guidelines of the State of Pennsylvania : YES NO
- Background Affirmation Statement (Attached): YES NO
- *** FBI Fingerprint based Criminal Background Check (if applicable)
(Required If not a PA Resident for 10 consecutive years) YES NO

Date _____
(Signature of League President or Designee)

Note: If all applicable lines above are not checked "Yes", the team manager/coach will not be allowed to manage/coach an American Legion Baseball Team.

*** The Pennsylvania Department of Human Resources is utilizing Cogent Systems to process fingerprint based FBI criminal background checks. The fingerprint based background check is a multiple step process. For more information and to begin the registration process, go to www.pa.cogentid.com/index.htm. For questions about your FBI Clearance, please contact the FBI/Adam Walsh Unit at 717-783-6211 or 1-877-371-5422. ***

* Completed copy of this form is to be mailed/mailed to the attention of the Department Activities Director.