

YOUTH SPORTS

COACHING APPLICATION

Date of Application: _____
 Name: _____ HM#: _____
 Address: _____ Cell: _____
 _____ Sex: M or F

E-mail: _____

Are you 18 or older? Yes or No

1. What is your highest level of education?
 (Please Circle) Elementary High School College

2. Work History (Current Occupation First)

Company	Position	Dates
_____	_____	_____
_____	_____	_____

3. What sport are you applying to coach for?

4. Have you coached this sport before?
 Yes _____ No _____ # of Years _____ Age Level _____

5. Why do you want to coach this sport? (Be Specific)

6. Have you played this sport? Yes or No _____ # of Years _____

7. What other sports have you played?

Sport	Age Level	# of years Played
_____	_____	_____
_____	_____	_____

8. What other sports have you coached?

Sport	Sponsoring Agency	Age Level	Years Coached
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you had any formal training as a coach?
 ___ Y ___ N (if yes, please describe i.e. P.E degree, coaching courses, NYSCA clinic, etc)

10. Describe any informal training that would help you coach (for example, reading books, watching sports, etc.).

11. Have you ever been convicted of a felony or crime involving youth, drugs, or alcohol? ___ Y ___ N (if yes, please explain)

12. Do you have any medical conditions that may affect your ability to coach? ___ Y ___ N

13. Please rate your knowledge of the following topics with regard to this sport by circling the appropriate number.

(1 = You know very little 2 = You have reasonably good knowledge 3 = You know a great deal)

- 1 - 2 - 3 Skills & strategies of the Sport
- 1 - 2 - 3 Rules of the Sport
- 1 - 2 - 3 Organizing practices
- 1 - 2 - 3 Equipment needs and specifications
- 1 - 2 - 3 Injury prevention and treatment
- 1 - 2 - 3 Legal duties
- 1 - 2 - 3 Developing sportsmanship
- 1 - 2 - 3 Communications skills
- 1 - 2 - 3 Physical conditioning techniques
- 1 - 2 - 3 Working with parents
- 1 - 2 - 3 Principles for teaching sports skills
- 1 - 2 - 3 Managing time

14. Please list the name, address and telephone number of two persons who can attest to your coaching potential. One should be your most recent supervisor.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20200930
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC). ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at: Army: A0215-3 SAMR, NAF Personnel Records (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/) Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/) Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/) Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570257/s40020/) and National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcid.defense.gov/Privacy/SORNS/index/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices. DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>		
SECTION I. SUBJECT'S INFORMATION		
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)
3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)		
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION		
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)
8c. POSITION CATEGORY		
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other	<input type="checkbox"/> In-Home Care Family Members
		<input type="checkbox"/> Teen Employee

SECTION IV. INSTALLATION RECORDS CHECK

(To be completed based on service specific procedures)

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: Annual: 5 Year Check:

Date Initiated: _____ Date Completed: _____

No record of applicant Record on file

Mel criteria incident found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date Initiated: _____ Date Completed: _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) *(Optional check)*

Type of Check: Initial: Annual: 5 Year Check:

Date Initiated: _____ Date Completed: _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
 (Department of Defense Child Care Services Programs)

OMB No. 0704-0516
 OMB approval expires:
 September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director, Paperwork Project Room (M-2950), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To require individuals who come into regular, recurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular recurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>
 Navy: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>
 Air Force: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/589766/034-af-sva-c/>

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess information going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED		
3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE		

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
 In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

Failure to provide information may result in an unfavorable adjudication decision.

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)**

9. NOTES (Use this space to enter additional comments.)

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcld.defense.gov/Privacy/SORNsindex/DoD-wide-SORN-Article-View/Article/570084/a0608b-dfsc/>); (2) NMD1754-2, DCN Family Support Program Volunteers (at <http://dpcld.defense.gov/Privacy/SORNsindex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDP, Family Services Volunteer and Request Record (at <http://dpcld.defense.gov/Privacy/SORNsindex/DoD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART I - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
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11. DESCRIPTION OF VOLUNTEER SERVICES

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION
I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
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13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS , (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
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16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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VOLUNTEER REGISTRATION FORM

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Section 3013.

PRINCIPLE PURPOSE: To record essential background information on volunteers.

ROUTINE USES: Coordination volunteer services for the U.S. Army Transportation Center and Joint Based Langley-Eustis Installation Volunteer Program.

DISCLOSURE: Providing information is voluntary. Not providing information will prevent keeping a record of individual volunteer qualifications and services.

DATE: ___/___/___

(Last Name/Rank if service member) (First Name) (Middle Initial)

Please check one:

Status: Family Member ___ Service Member ___ Youth ___ Civilian ___ Retired Service Member ___

Preferred mailing address: Home ___ Business ___

Home/Business

Address _____

(Include Street Number and Name)

Address _____

(Include City, State, Zip Code)

SSN _____

Home Phone _____

Office Phone _____

Cell _____

Emergency Contact Name _____

Emergency Number _____

Education Level (Circle) GED HS Some College BA/BS MA/MS PHD

Major _____

Minor _____

List any professional licenses and the issuing authority

Are you a licensed driver? No ___ Yes ___ State _____

Are you a student? No ___ Yes ___ Where _____

Is it necessary to limit your physical activity? If yes, what is your limitation? _____

Work Experience (Paid or Volunteer):

Special Skills:

Indicate if you would like to volunteer for any of these specific agencies:

- CHILD DEVELOPMENT CENTER (CDC)
- FAMILY CHILD CARE (FCC)
- NUTRITION
- OUTREACH SERVICES (OS)
- SCHOOL AGE PROGRAMS (SAP)
- SCHOOL LIAISON SERVICES (SLO)
- SCHOOL OF KNOWLEDGE INSPIRATION EXPLORATION AND SKILLS (SKIES)
- YOUTH PROGRAMS (YP)
- YOUTH SPORTS (YS)

Availability (Check appropriate lines)

Days Nights Weekends Specific Times

Volunteer Signature: _____ Date: _____

Email Address: _____

Please return to Child, Youth and School Services Volunteer Coordinator, Bldg 650 Monroe Ave. For more information call (757)878-4025.

Volunteer Reference Check Form

Applicant Name: _____

Date: _____

Position Applied for: _____

Employer/Volunteer Organization: _____

Contact Person: _____

Contact Phone: _____

In what capacity were you associated with this person?

Employee [] Supervisor [] Friend [] Other [] _____

How long have you known this person?

Years: _____ Months: _____

If you were the employer or supervisor, complete the following:

- A. What was the applicant's position and responsibilities?
- B. How would you rate the applicant's performance?
- C. Did the applicant have any attendance issues?

What are the applicant's strengths?

What are the applicant's weaknesses?

How do you feel that he/she will work with children?

Do you know of any reason why this person should not work with children?

Does he/she works well with other?

Is there anything I haven't asked that you would like to share with me?

Would you rehire this person?

Yes []

No []

Reference Checked by: _____

Date: _____

Volunteer Reference Check Form

Applicant Name: _____

Date: _____

Position Applied for: _____

Employer/Volunteer Organization: _____

Contact Person: _____

Contact Phone: _____

In what capacity were you associated with this person?

Employee [] Supervisor [] Friend [] Other [] _____

How long have you known this person?

Years: _____ Months: _____

If you were the employer or supervisor, complete the following:

A. What was the applicant's position and responsibilities?

B. How would you rate the applicant's performance?

C. Did the applicant have any attendance issues?

What are the applicant's strengths?

What are the applicant's weaknesses?

How do you feel that he/she will work with children?

Do you know of any reason why this person should not work with children?

Does he/she work well with others?

Is there anything I haven't asked that you would like to share with me?

Would you rehire this person?

Yes [] No []

Reference Checked by: _____

Date: _____