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Name: **Washoe County School District**

School/Department: _____ Sport: _____

Applicant Name Last /First :_____

Address:_____

City _____ State _____ Zip: _____

Date of Birth: _____ Last Four of Social Security Number:_____

Email: _____ Phone Number:_____

Ori: NV930350Z **MNU: 880135** **RFP: Adam Walsh Act Volunteer**

5 - COACH - Unpaid

Signature of Authorization: _____

WCSD is responsible for fingerprint fees.

The applicant is responsible for background check fees payable at the time of printing.

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