



**SOUTHERN
MISSISSIPPI**

Application for Mississippi Coaches

Name: Home Phone #:

Address: Work Phone #:

City/State/Zip: Cell Phone #:

E-mail Address:

USPTA #: PTR #:

USTA #:

USTA Level I Sport Science Completed: Yes No

USTA Level II Sport Science Completed: Yes No

Part A: Yes No

Part B: Yes No

Part C: Yes No

USTA Competition Training Center Position: Year:

USTA High Performance Certification: Year _____

Previous Team Coaching Experience:

Arrival at the site must be one day prior to the start date. Departure is the afternoon of the final day. Travel, lodging, meals and an honorarium are provided within the stipend.

Please check the events below for which you wish to be considered:

- Southern Sectionals-BG10-18**
June 10-16
Which age group?

POSSIBLE NEW REGULATION: In order to coach for Mississippi Tennis Association a background check “may be required.” Please complete the attached form to consent to this check.

References:

(Please include at least 1 professional referenece)

- 1.
- 2.
- 3.

If a background check is required please return this completed form along with the Background Check Consent Form to:

Mail: Mississippi Tennis Association
Attn: Kent Shultz
331 North State Street
Jackson, MS 39216

Fax: (601) 981-4517
Email: KentS@mstennis.com

Background Check Consent Form

I understand that Mississippi Tennis Association will perform a background investigation on me regarding my prospective approval as an Event Coach. I hereby authorize Mississippi Tennis Association to research my driving record and/or criminal history. I release and hold Mississippi Tennis Association, and their officers, directors and employees harmless from any and all liability with respect to the investigation, verification and/or use of any information relevant to my application for coaching.

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Current City/Stat/Zip: _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

Drivers License Number: _____ Issuing State: _____

Certification and Authorization

I, _____, certify that the information contained on this form is true, correct and complete to the best of my knowledge. I understand the Mississippi Tennis Association coaching positions require criminal history and/or driving record background checks for the purpose of evaluating me for a position working with minors. I also understand that any misrepresentation, falsification or omission of facts may be grounds for disqualification.

Yes: No: Date (mm/dd/yyyy): _____

Signature: _____

Printed Name: _____

Return this form to: Kent Shultz, 3311 North State Street, Jackson, MS. 39216