

## **Background Screening Instructions**

- This application is intended to be filled out by the Club Director
- Fill the application in completely as early as possible to the start of the season
- The person indicated on the second half of the form will receive the notice if any disqualifying information is returned from the screening company
- Only the disqualified person will receive the detailed disqualifying information.

**Chesapeake Region Volleyball Association**  
in association with  
USA Volleyball

**Club Contact Information for Background Screening Reports**

The designated individual listed below will be contacted by Southeastern Security Consultants, Inc. (SSCI) if it becomes necessary to send notice of Automatic Disqualification to the Club concerning any background screening applications submitted by the Club.

Club Name: \_\_\_\_\_

Club Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Designee to receive background screening information if different than Club Director:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

This form is to be submitted by the club or team rep to:

**Mr. Harry Collins**  
**10374 Cliff Mills Road**  
**Marshall, VA 20115**