

To Whom It May Concern,

**Please read before filling out the background check applications**

The Erlanger Lions shall conduct a state criminal records check on **ALL COACHES, TEAM MOMS and DIRECTORS** who have contact with youth on a regularly scheduled and/or continuing basis, or who have supervisory responsibility for children at Erlanger Lions sponsored activities.

Applicants being convicted of one of the following will be disqualified from volunteering:

1. All felony offense convictions against persons or property
2. Any sex-related offense convictions
3. All offense convictions against a minor
4. All drug-related offense convictions
5. All deadly weapon-related offense convictions
6. No more than 2 alcohol violation convictions within two (2) years from date of background check

No coach, team mom or director of youth programs shall be utilized to volunteer until they have undergone the required background check.

Additionally any convictions of the above offenses AFTER the approved check will fall in the guidelines of disqualifiers. Such persons will be removed from coaching, being a team mom or being a director of youth programs.

Thank you

Erlanger Lions Board of Directors

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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
[records@kycourts.net](mailto:records@kycourts.net)  
KRS 17.160



### YOUTH LEADER REQUEST

MAIL REQUESTS TO:  
ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

#### Individuals serving as Youth Leaders

**FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

***I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.***

**\* ALL INFORMATION BELOW IS REQUIRED.**

Requestor/Contact Person	Date
Agency	Phone Number
Address	E-mail Address
City, State, Zip	