



Club Contact Information for Background Screening Reports

Region: _____

Phone: _____

Fax: _____

Email: _____

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: _____

E-Mail: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of person completing this form

Date

This form is to be submitted to the Regional Volleyball Association to be kept on file.