



# Volunteer Coach Application



## General Information

Full Name:		DOB:
Cell Phone #:		T-Shirt Size:
Email :		
Home Address:		

## Emergency Contact Information

Name:	Phone:
Relation to you:	
Name:	Phone:
Relation to you:	

## Family Members Participating in the Sport

Name: _____	Relation to you: _____	D.O.B.: _____
Name: _____	Relation to you: _____	D.O.B.: _____
Name: _____	Relation to you: _____	D.O.B.: _____

## Skills and Background

Previous Coaching Experience:	Current Occupation:
	Place of Employment:

Have you ever been convicted of a misdemeanor or felony?

No     Yes, Please Explain:

## Availability/Schedule

Head Coach       Assistant Coach       Other: \_\_\_\_\_

Sport(s) Interested in Coaching: \_\_\_\_\_

Division(s): \_\_\_\_\_ Season/Year: \_\_\_\_\_

What days and times are you available to volunteer coach?

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Other Scheduling Info:

## Review and Acknowledge

Please initial next to each item to confirm that you agree to the following guidelines.

\_\_\_\_\_ I understand all volunteers are subject to a screening process that may include but is not limited to: fingerprinting, background check, credit check, driving record review, and interview. I understand I have the right to refuse any of these screening processes, but in doing so may become ineligible for volunteer opportunities.

\_\_\_\_\_ I understand that as a volunteer I will not be paid for my services beyond reimbursement for incidental expenses related to the assignment.

\_\_\_\_\_ I understand that my selection as a volunteer is dependent on my review of the job description ability to perform the essential functions, duties, and responsibilities of the assignment.

\_\_\_\_\_ I understand that I may not begin an assignment until orientation has been completed and all requested paperwork has been submitted. Additionally, all volunteers must be cleared through 'Live Scan' before starting.

\_\_\_\_\_ I understand that if using my personal vehicle, the City is not liable for any damage unless caused by the City's sole negligence. In the event of an accident, it is my responsibility to immediately notify my volunteer supervisor, Department of Motor vehicles, and my insurance company.

\_\_\_\_\_ I understand as a volunteer I am subject to the rules, policies, and regulations of the City. I further understand that as a volunteer, I may be dismissed at any time, with or without cause.

## Sign and Date

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_