



# VOLUNTEER COACH APPLICATION

Please include these items with app.

- Copy of Valid Driver's License
- Copy of NAYC Membership & Sport Certification
- Release of Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_ Availability Restrictions: \_\_\_\_\_

Sport Applying for: \_\_\_\_\_ Age Group: \_\_\_\_\_ Email Address: \_\_\_\_\_

PREVIOUS PLAYING EXPERIENCE FOR THIS SPORT: (Please use back side of this page if needed)

Organization/City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Dates: \_\_\_\_\_

PREVIOUS COACHING EXPERIENCE FOR THIS SPORT: (Please use back side of this page if needed)

Organization/City/State: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/City/State: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Please use back side of this page if needed.

1. Why do you want to volunteer to coach youth sports?
2. What is your coaching philosophy and style?
3. What qualities do you feel you have that would benefit the children participating, and would make you a qualified coach?
4. Have you ever been arrested or convicted of any criminal offense? (Excluding minor traffic violations) If yes, please explain:

List two persons not related to you who can verify your qualifications for this position.

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Fallon County Recreation Department. I authorize the schools, parents, previous employers, agencies and other organizations named in this application to provide the FCRD with any relevant information that may be required to arrive at a volunteer placement decision and hereby release them from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

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