



# VOLUNTEER COACH APPLICATION

Revised February 2018

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: \_\_\_\_\_

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: \_\_\_\_\_

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 involved in any prior abuse or molestation allegations, incidents, or convictions; or pleadings of guilty or "no contest" to a misdemeanor or felony? 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 all persons, 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 acknowledge that criminal history reports will be obtained to supplement my application. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

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