



VOLUNTEER COACH APPLICATION

Please complete this application and return it to the program coordinator at the Athletics office at the address/fax above.

PERSONAL INFORMATION

Today's Date: _____

Name: _____

First

Middle

Last

Street Address: _____

City

State

Zip

Home Phone Number: _____ Message Phone Number: _____

E-mail Address: _____

Are you 18 years of age or older? Yes No

If No, are you at least 14 years of age? Yes No *(You will be required to show proof of age)*

In case of an emergency call: _____ at _____

Relationship to you: _____

POSITION DESIRED

Position Applied for: _____

Season/Year: _____ Grade/Level: _____ Sport: _____

Have you previously been employed with or volunteered for the District? Yes No

If yes, complete the following:

-Dates: _____ Position Held: _____ Supervisor: _____

How long have you coached the sport you are applying for? _____

What level of play were you coaching? _____ Recreational or Competitive? _____

What is your coaching philosophy? _____

Why are you interested in coaching in this program? _____

How do you handle discipline and how do you communicate this to your players? _____

Do you feel you would need an assistant coach? _____ Why/Why not? _____

EMPLOYMENT

List name of current or most recent employer

Employer: _____ Job Title: _____
Address: _____ Phone Number: _____
Supervisor: _____ May we contact this employer? Yes No

CRIMINAL RECORD

Have you **ever** been convicted of any misdemeanors and/or felonies (Include any plea of "guilty" or "no contest")? If yes, give date(s)/offense(s) _____ Yes No
(A conviction will not necessarily disqualify you.)

Have you ever been convicted of any type of sexual misconduct or abuse concerning a minor? (Include any plea of guilty or no contest) _____ Yes No
If yes, give details: _____

REFERENCES

List below two persons not related to you who would know your experience relevant to your volunteer activity:

1.	Name	Occupation
	Address	Telephone Number
	Year(s) Acquainted	Relationship
2.	Name	Occupation
	Address	Telephone Number
	Year(s) Acquainted	Relationship

I certify that all information provided in this volunteer application is true and complete.

I understand that South Suburban Park and Recreation District (the District) may investigate my criminal record and that an investigation consumer report may be prepared whereby information is obtained if I serve the District in a position of trust as defined by the District.

I hereby release the District and all persons supplying information to the District from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize my current employer and references to speak freely to representatives of the District and provide whatever information is required. If injured during the performance of the volunteer duties to which I am assigned, I may be eligible for coverage of medical expenses. Coverage of medical expenses is subject to a maximum policy benefit as outlined in the policy on file with the District. I understand any benefits paid under this policy are in excess of any and all other collectible insurance policies, including other accident or health insurance policies I may have in force at the time of the injury. Coverage may also be subject to a minimum deductible prior to any benefit payment. I understand that my services are being offered on a volunteer basis without anticipation of financial remuneration and I indemnify and hold harmless the South Suburban Park and Recreation District and its employees, agents, leaders, instructors, contractors or volunteers from, and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____



Background Release and Disclosure Authorization

In connection with my application for employment, promotion, reassignment, volunteer position, or contract services to South Suburban Park and Recreation District, I agree to allow and hereby authorize South Suburban Park and Recreation District to procure and Premier Employment Screening Services to compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualifications, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit and indebtedness, and motor vehicle driving record. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies, educational institutions, governmental licensing or registration entities, the military, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report.

I understand that this report is subject to a federal law, The Fair Credit Reporting Act (FCRA), and that I may be provided with a copy of % Summary of Your Rights under the Fair Credit Reporting Act.+ According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release any party, person or agency including present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments of motor vehicles, educational institutions, the military and licensing or registration entities, contacted by Premier Employment screening Services to release information about me, including any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT CLEARLY (All information is REQUIRED)

First Name	Middle Name	Last Name	Any Other Names You Have Used in Past 7 Years
Date of Birth	Social Security Number		

PLEASE PROVIDE ADDRESSES FOR THE PAST 7 YEARS:

Current Street Address	City	State	Zip Code	Time at this Address
Previous Street Address	City	State	Zip Code	Time at this Address

OTHER ADDRESSES USED IN PAST 7 YEARS:

CITY	STATE	CITY	STATE
CITY	STATE	CITY	STATE

Daytime Phone Number: (_____) _____

Applicant's Signature: _____ **Today's Date:** _____

These reports will be processed by: Premier Employment Screening Services 113 S. College Avenue, Fort Collins, CO 80524 or (800) 350-7941. Questions as to the validity of this authorization may be directed to Premier Employment Screening Services.

Administrative Use Only:

Supervisor Name: _____ Date Received in HR: _____