## **Youth Sports**

## **VOLUNTEER**



PLEASE NOTE THAT A THOROUGH
BACKGROUND SCREENING PROCESS
WILL BE ADMINISTERED ON EVERY
VOLUNTEER COACHING APPLICANT

## **Application**

| Date of Application:  |                     |                    |             |            |
|---|---------------------|--------------------|-------------|------------|
| Name:   |                     |                    |             |            |
| Date of Birth:  |                     | Social Security #: |             |            |
| Home Address: Street  |                     | City               | State       | Zip        |
| Cell Phone #:   |                     |                    |             |            |
| E-Mail Address:   |                     |                    |             |            |
| Employer:   | Work Phone #:       |                    |             |            |
| Position Desired:   | Coach               | Assistant Coach    | Scorekeeper |            |
|   | Team Parent         | Umpire/Referee     | Other       |            |
| What is your child's/children's name                                      |                     |                    |             |            |
| What age group do you wish to help  |                     |                    |             |            |
| What is your reason for wanting to v                                      | olunteer?           |                    |             |            |
| What experience do you have working                                       | ng with children?   |                    |             |            |
| List the sports that you have coached                                     | d:                  |                    |             |            |
| List any formal training you have rec                                     | N 777 1 177         |                    |             |            |
| List any formal training you have reco                                    | eived in first aid: |                    |             |            |
| I understand that all volunteers fo<br>course offered by the National All |                     |                    |             | mpleting a |
| Signature   |                     |                    | Date        |            |