

CITY OF PERRY PARKS AND RECREATION VOLUNTEER COACHING APPLICATION

Name _____ Date _____

Address _____

City/State _____ Zip _____

SSN # _____ Date of Birth _____

Employer _____

Home Phone _____ Work Phone _____ Cell _____

Which phone # can we reach you at during the hours of 8 am – 4 pm?

Sport _____ Age Division _____

1. Have you ever coached in any youth sports league programs?

Yes _____ No _____ If yes, when and where?

2. Have you ever *coached* the sport you are volunteering to coach?

Yes _____ No _____ If yes, how much experience have you had and at what level? _____

3. Do you have a child in this sport? If so, what is his/her name and what age? _____

4. Have you ever *played* the sport you are volunteering to coach? If yes, how much experience have you had and at what level?

Please check all that apply:

- No experience as a player _____
- Recreational league play _____
- High School _____
- College _____
- Professional _____

5. Have you ever received any type of coaches training certification such as National Youth Sports Coaches Association? Yes _____ No _____

6. Please list any assistant coaches:

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____

7. In your opinion, what should be the objectives of youth sports?
Example: Teach sportsmanship.

8. Why do you want to coach a youth sports team?

9. Have you ever abused drugs or alcohol? Yes _____ No _____

10. Have you ever had any criminal charges of any kind against you?

Yes _____ No _____

If you answered yes to questions 9 or 10, please explain on the back of the application.

*Please be aware that completing this form does not guarantee a coaching position. The Perry Recreation Department will notify you of any team assignments.

I, _____, understand that as a coach of a youth sports league, that I will be expected to follow all game and park rules set forth by the league administration. I also understand that a failure to comply with all the rules can result in my termination as a volunteer coach.

Signed: _____ Date _____

Revised 8/09

**Perry Police Department
Criminal History Consent Form**

I hereby authorize _____ representing
(Name of Person to Receive Report.)

_____ to receive any
(Name of Business or Organization)

and all criminal history records and information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name: _____
(Print Full Name: Last, First Middle, Maiden)

Address: _____
(Home Address)

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Signature: _____ Date: _____

Reason for this report:

- | | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | Apartment Rental | (Purpose Code 'E') |
| <input type="checkbox"/> | Employment with mentally disabled | (Purpose Code 'M') |
| <input type="checkbox"/> | Employment with elder care | (Purpose Code 'N') |
| <input type="checkbox"/> | Employment with children | (Purpose Code 'W') |
| <input type="checkbox"/> | Employment with Criminal Justice agency non-sworn | (Purpose Code 'J') |
| <input type="checkbox"/> | Employment with Criminal Justice agency sworn | (Purpose Code 'Z') |
| <input type="checkbox"/> | Other Employment | |

Do Not Write Below This Line

**Perry Police Department
Perry, Georgia**

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached.

Name: _____ Date: _____
(Full Name)

SID Number: _____