



FOR OFFICE USE - RE: BCKCH
OUT TO: P.D. _____ DATE _____
RETURN: _____
Dept Head _____ Date _____
Div. Head _____ Date _____
Originator _____ Date _____

PARKS & RECREATION DEPARTMENT VOLUNTEER YOUTH SPORTS COACH APPLICATION

(Also, please complete a Background Check form along with this application)

FULL NAME _____
Please Print (Last) (First) (M.I.)

ADDRESS _____
(Street and Number) (City) (State) (Zip)

HOME PHONE ____ / ____ - ____ If Available WORK PHONE ____ / ____ - ____

CELL PHONE ____ / ____ - ____ E-MAIL _____

DRIVERS LICENSE # _____ BIRTH DATE ____ / ____ / ____ SHIRT SIZE _____

PREFERENCE: CHECK ALL THAT APPLY:

CHILD'S NAME _____

A) GRADE: ☐ Pre ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ Any

B) SPORT(S): ☐ Nearball ☐ Softball ☐ Basketball ☐ Flag Football
☐ Volleyball ☐ Soccer ☐ Tackle FB ☐ Other _____

C) GENDER: ☐ Boys ☐ Girls ☐ Both

D) COACHING LOCATION: ☐ Cl - Bluff ☐ Cl - E. Hgts ☐ Cl - Jefferson ☐ Cl - Whittier ☐ Cl - POP
☐ Cl - Wash ☐ Cl - Lyons ☐ Camanche ☐ Fulton ☐ Unity Ch.
☐ Northeast ☐ Erie ☐ Whiteside Co. ☐ Jackson Co. ☐ Clinton Co & other

E) AVAILABLE TO PRACTICE ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

F) OTHER:

1) Have you ever coached any Youth Sports Team before? Yes ☐ No ☐

If yes, please indicate how many seasons/years of experience and what sports.

☐ 1 yr ☐ 2 yrs ☐ 3 yrs ☐ over 3 yrs What sport(s)? _____

☐ Any type of Football ☐ Soccer ☐ Volleyball ☐ Basketball ☐ Soft/Base-ball ☐ Other _____

Team name: _____

2) Have you ever been certified with the National Youth Sports Coaches Association (NYSCA)?

☐ Yes ☐ No If no - Do you know what the NYSCA is? ☐ Yes ☐ No

3) Are you currently certified in any of the following?

☐ Community CPR ☐ Adult CPR ☐ 1st Aid ☐ Child/Infant CPR ☐ IHSAA Coaching Certificate/Endorsement

4) Have you ever been convicted of a felony or of child abuse? ☐ Yes ☐ No

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SIGNATURE _____ DATE _____