



PARKS & RECREATION DEPARTMENT

VOLUNTEER YOUTH SPORTS COACH APPLICATION

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

(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