

Warren County Parks and Recreation Department Volleyball Coaches' Application

Circle One: Coach Asst. Coach Parent Representative
Circle One: Division I (grades 2&3) Division II (grades 4&5) Division III (grades 6,7&8) Division IV (grades 9-12)

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone Numbers: Home _____ Cell _____ Work _____

Social Security Number: _____ Drivers License Number: _____

Email Address: _____ Coaches Shirt Size: _____ Size needed

Team name: _____ **Jersey color requested: will need to speak directly to Board**

Employer: _____ Supervisor: _____

Address: _____ State: _____ Zip: _____ Date Hired: _____

References: List Three Not Related to You

Name	Address	City, ST	Phone
Name	Address	City, ST	Phone
Name	Address	City, ST	Phone

Child's Name: _____ Grade: _____

School Attends _____ School District Child Lives In _____

Did you coach last year? _____ If yes, what Division and Team? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (If more room is needed, continue on separate sheet.)

Have you ever been arrested, charged or convicted of a crime? If yes, please explain. _____

Have you ever been involved in an accident involving abuse or neglect? If yes, please explain. _____

Have you ever had or do you have a problem with drugs and/or alcohol? If yes, please explain. _____

Reason for wanting to volunteer? _____

Experiences and/or training you have had in coaching. (Clinics, last years team, etc.) _____

List any other training you have had that would benefit children. (First aid, CPR, teaching, etc.) _____

By signing this document, you insure that all information is correct and accurate and that you have read and understood the Manager/Coaches requirements. Any discrepancies found on this application can be used to revoke this application.

Signature: _____ Print Name: _____ Date: _____