



APPLICATION FOR - VOLUNTEER COACHING

To be completed in blue or black ink – any changes made, must be initialed. Original application must be submitted and completed in its entirety. No faxes or copies will be accepted.

DATE OF APPLICATION:

NAME: SOCIAL SECURITY # (last four):

MAILING ADDRESS: CITY, STATE & ZIP:

PHONE #: CELL #: EMAIL:

D.O.B.: DRIVERS LICENSE #/CLASS: STATE:

COACHING POSITION DESIRED: Head Coach Assistant Coach

WHAT SPORT EVENT ARE YOU VOLUNTEERING FOR?

Flag Football Soccer Basketball Football

Youth Softball Volleyball Baseball

I authorize the City of San Juan to conduct a Criminal Background Check on me and understand that certain resulting information acquired, may prohibit me from coaching in this league.

Signature: _____

Note: If you are not willing to sign this statement, please do not proceed further with this application.

COACHING EXPERIENCE & YEARS:

WHAT ORGANIZATION? WHERE?

HAVE YOU EVER RECEIVED FORMAL TRAINING IN THE FOLLOWING?

- A. Child Abuse Prevention Yes No
- B. First Aid Yes No
- C. CPR Yes No

DESCRIBE YOUR CURRENT JOB:

LIST YOUR NORMAL WORK HOURS/DAYS:

WHY DO YOU WANT TO WORK WITH CHILDREN?

HAVE YOU EVER BEEN CONVICTED OF CHILD MOLESTATION, ABUSE OR NEGLECT? IF YES, PLEASE DESCRIBE IN DETAIL.

HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME? IF YES, PLEASE DESCRIBE IN DETAIL AND PROVIDE THE DISPOSITION.

I certify to the best of my knowledge, that all information provided above is true, correct and complete. Any false information provided will automatically disqualify me from volunteering with the City of San Juan. I also acknowledge that a clear, color copy of my driver's license and social security card are attached with this application.

Signature of Applicant Print Name Date

For Parks and Recreation Use Only

Team Interested in Coaching: _____ or _____
Child Interested in Coaching: _____

Rev. 1/2018