



VOLUNTEER/COACHES APPLICATION

Name: _____ DOB: _____

Address: _____

E-Mail Address: _____ T-Shirt Size _____

Home Phone: _____ Work: _____

Activity/Sport you are interested in volunteering for: _____

Level, Age or Grade of participants you are interested in volunteering with: _____

____ Pre-School ____ Youth (K-5) ____ Teens (Grades 6-12) ____ Senior Citizens ____ Other

Experiences or education related to the area you are interested in:

What do you feel is the goal of Youth Sports Programs sponsored by a community recreation department?

Please answer the following questions:

1. Do you have any specialized training/certifications in the area you are interested in helping with? If so, please indicate below: YES NO

2. Do you have any training/certification in first aid? YES NO

3. Do you have any training/certification in CPR? YES NO

4. Have you ever attended a coaches training clinic? YES NO

Please provide us with two personal references:

Name

Address

Phone#

For release of Personnel Data Record Information:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for volunteering for the Standish Recreation Department. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

If name changed, print former name(s) here: _____

Signature _____ Date _____