

## **VOLUNTEER/COACH APPLICATION**

Please submit completed form to the Town of Standish Parks and Recreation Department by email, fax or mail. 175 Northeast Rd. Standish, ME 04084. Email: jderice@standish.org. Fax: 207-642-5181. Phone: 207-642-2875.

I. Applicant Information		
Last Name:	First Name:	
Address:	City:	State:Zip:
Phone:	Email:	T-shirt Size:
Activity/Sport you are interested in v	olunteering for (check one or all that a	apply):
Youth Sports/Activities	Events Committee Sen	ior Citizen Programs Other
Do you have a child/relative in the pr	ogram for which you are interested in	volunteering? Yes No
If yes, what program and grade level	are they in:	
II. Relevant Experience		
What is your relevant volunteer expe	rience and/or training?	
III. D. C		
III. References  Please provide us with two personal	references other than family	
·	Relationship:	Phone:
Name:	Relationship:	Phone:
IV. Person to Call in Case	e of Emergency	
Please provide us with the name and	phone number of an emergency cont	act:
Name:	Phone:	Relation to You:

## Please read and sign the following statements below. Applicants seventeen years old and under must have a parent or quardian signature:

## **Liability Waiver and Media Release:**

In consideration for being permitted to use the Town of Standish facilities and to coach/volunteer in any Standish Parks and Recreation-sponsored program/s, I agree, to fully and completely release the Town of Standish, it's officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, any loss or damage to my personal property arising from my use of the Town of Standish facilities or participation in Standish Parks and Recreation-sponsored activities and programs. In addition, I understand that photographs or video may be taken of program participants and used for purposes of promoting the programs of Standish Parks and Recreation. If you do not want your photograph taken or displayed, please contact the office.

## **Release of Personal and Background 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 Parks and Recreation Department.

If you consent to release of personal information and b	packground check, please provide DOB:/
I accept and agree to the terms above:	
Signature:	Date:
Parent/Guardian Signature:	Date:
below:	g of my players ahead of a personal desire to win.
<ul><li>the same age group.</li><li>I will do my best to provide a safe playing situati</li></ul>	
<ul> <li>I will do my best to organize practices that are full</li> <li>I will lead by example in demonstrating fair play</li> <li>I will provide a sports environment for my team their use at all youth sports events.</li> </ul>	, , ,
<ul> <li>I will be knowledgeable in the rules of each spor</li> <li>I will use those coaching techniques appropriate</li> <li>I will remember that I am a youth sports coach, a</li> </ul>	
Signature:	Date:
The Parks & Recreation Department is committed to improvi	on Statement ing the quality of life in Standish by providing exceptional community
	on programs and parks for people of all ages. <b>Ports Philosophy</b>
·	ike it Fun. Everybody Plays.

For Office Use Only

Position:

Background Check:

Date Received: