



Parks & Recreation Department

Coach Application Form

(Please PRINT clearly and legibly)

Name: _____

Shirt Size (circle one): AS AM AL AXL A2XL A3XL

Home Phone#: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Home Address: _____ City: _____ NC Zip: _____
(physical address)

Mailing Address: _____ City: _____ NC Zip: _____
(if different from home address) Please provide your Driver's License Information below

Date of Birth: ____/____/____ State of Issuance: ____ Lic Number: _____

E-Mail Address: _____
(be sure to include @ and .com, .net, or .org)

What sport(s) & age group(s) are you applying to coach?

Sports & Leagues offered: (check all that apply & coordinating league(s) with the sport(s) for the calendar year)

4U	6U	8U	10U	12U	13U
<input type="checkbox"/> TBall	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Football
	<input type="checkbox"/> TBall	<input type="checkbox"/> Cheer	<input type="checkbox"/> Cheer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Indoor Soccer
		<input type="checkbox"/> Football	<input type="checkbox"/> Football		<input type="checkbox"/> Soccer
		<input type="checkbox"/> Indoor Soccer	<input type="checkbox"/> Indoor Soccer		
		<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer		
		<input type="checkbox"/> Softball	<input checked="" type="checkbox"/> Softball		
			<input type="checkbox"/> Volleyball		
14U			15U		
<input type="checkbox"/> Basketball			<input type="checkbox"/> Baseball <input type="checkbox"/> Softball		

Answer the following questions to the best of your knowledge:

- Have you ever coached before? _____ If yes, where? _____ When? _____
What position? _____ What League / Age group? _____
(Head Coach, Asst Coach)
- Have you ever been **charged** or **convicted** of a **Felony Criminal Offense**? (circle one) Yes No

REFERENCES – Please list 3 Names & Phone Numbers of personal/professional references.

- Name: _____ Phone Number: (____) _____
- Name: _____ Phone Number: (____) _____
- Name: _____ Phone Number: (____) _____

PLEASE READ & SIGN THE FOLLOWING BELOW

CODE OF CONDUCT:

- I will treat each athlete, opposing coaches, officials, parents, and administrators with respect and dignity.
- I will do my best to teach the fundamental skills of my sport.
- I agree to exhibit good sportsmanship throughout the sporting season. I will refrain from cursing, yelling, and/or any other display of aggressive and negative behavior towards athletes, coaches, officials, and parents.
- I understand that if I do not follow the coach's code of conduct, I can be suspended and/or terminated of my coaching position.

Signature: _____ **Date:** _____

Please initial each statement and your signature is required below. As a first time coach, you are subject to a Criminal Background Check. Random Criminal Background Checks will apply to returning coaches.

_____ Because the safety and well-being of children is so critical, our number one job is to protect the children and youth who participate in City of Dunn Parks & Recreation program services. All Volunteers are required to complete and sign the Coach Application and Consent Form for Criminal Background History Check.

_____ I hereby give my permission for the City of Dunn Parks & Recreation to obtain information relating to my Criminal History record. I understand that this information will be used to determine my eligibility for volunteer position with this organization. I also understand that as long as I remain a volunteer here, my Criminal History records may be confirmed at any time.

Signature: _____ **Date:** _____