

Date: _____



VOLUNTEER COACH APPLICATION

To be considered as an applicant, you must fill out this form. Each question must be fully and accurately answered. PLEASE PRINT, except for signature on application.

PERSONAL INFORMATION

Name _____

Last

First

Middle

Mailing Address

(Must advise, if changes)

Street/PO Box

City

State

Zip

Physical Address

Street/PO Box

City

State

Zip

Primary Phone _____ Email Address _____

Emergency Contact: _____

(Name)

(Phone)

(Relationship to Employee)

COACHING STATUS

What sport(s) are you interested in coaching? soccer basketball baseball softball other _____

Have you coached for the BCRD before? yes no If yes, what sport(s)? _____

Are there any special needs or considerations that we need to know about? _____

BCRD PHILOSOPHY

I will remember that we are youth sport coaches and the game is for the children and not the adults. I understand children participate in sports to have fun and learn the game. Winning is secondary.

I will be a positive role model for children, encouraging sportsmanship, showing respect and courtesy and demonstrating positive support for all players, coaches, officials and spectators at every game and practice.

I have read and understand BCRD's youth sports philosophy and agree to abide by its tenets. yes

BACKGROUND CHECK

It is the Blaine County Recreation District's policy to conduct background checks on all employees 18 years of age and older if hired. Continued employment is subject to the results of the background check.

Are you over the Age of 18 yes no

Have you ever been **charged** with a crime? Yes No If yes, what Crime(s)? _____

What year? _____ What was the outcome? _____

Date: _____

Please Read and Sign Below

AGREEMENT OF UNDERSTANDING

1. I certify that all answers and statements on this application are true and complete to the best of my knowledge. **I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or I may be discharged at any time.**
2. I understand that if I accept a volunteer position, a background check will be conducted provided I am 18 years of age or older and I agree to cooperate in that background check and to sign any releases that may be required for that background check.
3. In the event that I volunteer for BCRD, I agree to comply with all of its orders, rules, and regulations.
4. I authorize my former employers, present employer, and other individuals to give information concerning me to BCRD, whether or not it is in their records, and I release them, their employees and their companies from all liability whatsoever.
5. In accepting a volunteer position with BCRD, I understand that volunteer positions are seasonal/part-time and that scheduled shifts are subject to change without notice.
6. I understand that I am not an employee of the BCRD and that any duties I perform are as a volunteer and that I am not eligible for benefits provided to regular employees of BCRD.
7. I agree to follow the policies and procedures outlined for this program. I also understand that it is my responsibility to update the information on this form.

No action will be taken on applications that are incomplete. All applications are valid 30 days from signed date.

Signature of Applicant _____ Date _____

You may include a resume, or any additional information you feel beneficial.

Date: _____

ALL APPLICANTS UNDER 18 MUST HAVE SIGNED CONCENT.

PARENT/GUARDIAN AUTHORIZATION

I, _____ (full name of parent or legal guardian), am the parent or
lawful guardian of _____ (full name of minor), who has signed this

Rehire Application attached hereto. I authorize _____ full
name of minor) to work for the Blaine County Recreation District with full knowledge of the Agreement of Understanding in
said application, as though I executed it myself. I understand that the terms of the Agreement of Understanding are
contractually and legally binding upon me and the minor person who I have authorized to work for the Blaine County
Recreation District and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of the
Agreement of Understanding.

DATED this _____ day of _____, 20____.

Parent or Guardian Signature: _____

Full Name (type or print) _____

Relationship to Minor: _____

Child's Full Name _____

Child's Date of Birth _____

Address _____

Street

City

State

Zip

Phone _____

WITNESS:

(Signature of Witness)