



# 2023-2024 YOUTH SPORTS VOLUNTEER COACHES APPLICATION

## PERSONAL & BACKGROUND INFORMATION

Name:		Date of Birth:	
Address:		City:	State:      Zip:
Email Address:		Contact Phone Number:	
Driver License #:	Expiration Date:	Occupation:	
If you are fluent in any other languages, please specify:			<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

## EMERGENCY CONTACT

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Any health concerns we should know about:		

## PROFESSIONAL/PERSONAL REFERENCES

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

## EDUCATION/EXPERIENCE

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Technical School	<input type="checkbox"/> College Degree	<input type="checkbox"/> Advanced Degree	
Coaching Experience			Playing Experience		
Sport	Agency	Years	Sport	Agency	Years

Do you possess any coaching certifications or coaching education?       Yes       No

If so, please list:

**PLEASE HELP US PLACE YOU IN THE RIGHT VOLUNTEER POSITION BY COMPLETING THE FOLLOWING QUESTIONS**

How did you hear about volunteering for Colton Community Services Youth Sports?

Which position are you applying for?     Head Coach     Assistant Coach

In what division would you like to volunteer for?     A     B     C     D     ANY

Please list any player requests:

I understand that if accepted as a volunteer with The City of Colton Community Services Department, I must: comply with policies, rules, and regulations; maintain active dependable participation in the program; maintain a satisfactory attitude, appearance, and work performance levels; strictly observe hospital ethics and rules of confidentiality; and treat all patients, visitors and staff with dignity, kindness, understanding, and respect. My services are donated to Colton Community Services without contemplation of compensation or future employment and are given for humanitarian or charitable reasons.

I understand that information obtained during the reference check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information will be kept confidential. I hereby give my permission to those individuals or organizations contacted for the purpose of this reference check to give their full and honest evaluation of my suitability for the described volunteer work and other such other information, as they deem appropriate. I understand that failure to provide complete, accurate, truthful information on this application may be grounds for immediate dismissal from the program.

I agree to accept termination from the program at any time and for any reason, if in the judgment of the department director, my continued service as a volunteer is contrary to the best interests of the City.

PRINT NAME

SIGNATURE

DATE