

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

<b>Name</b>				
_____	_____	_____	_____	_____
	Last	First	Middle	
<b>Mailing Address</b>				
(Must advise, if changes)	Street/PO Box	City	State	Zip
_____	_____	_____	_____	_____
<b>Physical Address</b>				
	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**  
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**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)