



VOLUNTEER COACH APPLICATION

NAME: _____
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(PLEASE PRINT) (ADDRESS) (CITY) (ZIP)

DRIVERS LICENSE # _____ SOC SEC # _____

PHONE: (H) _____ PHONE: (W) _____

PHONE: (C) _____ SHIRT SIZE: _____

EMAIL _____ DATE OF BIRTH: _____

Why are you interested in being a Volunteer Coach? _____

Please list any special knowledge, experience, or qualifications for coaching youth sports and/or general volunteer experience:

List two references (neighbors or adult acquaintances) that know you. Do not include relatives:

	NAME	PHONE #	HOW DO THEY KNOW YOU
1.	_____	_____	_____
2.	_____	_____	_____

SPORT _____ DIVISION _____ YEAR _____

ASSISTANT COACH _____ PHONE _____

ADDRESS _____ SHIRT SIZE _____

Any known date(s) in which you would not be able to attend a game and/or practice. (Ask your assistant or a parent to help out in your absence.) _____

Coaches main responsibilities:

- Teach fundamentals in a fun and positive environment. Sportsmanship, skill development, and having fun are equally important.
- Organize practices and utilize parent help.
- Contact players on roster regarding first practice and any other cancelled practices.
- Distribute uniforms, picture forms, awards and any other communications from the Rec dept.
- Take care of equipment and make sure **all** is returned.

VOLUNTEER COACH APPLICATION con't.

I agree to abide by all the rules and regulations set forth by the City of Ferndale Recreation and Senior Services Department.

In consideration of the acceptance of my participation in the above mentioned program and other consideration received, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for any injuries, liabilities or damages which I may have or which may hereafter accrue to me against the City of Ferndale, or its departments through which the program will be held and its respective officers, employees, instructors, administrators and volunteers which may be sustained or suffered by me in connection with my said association with the above program or activity/trip. I further authorize and grant the right to use and publish in any form or medium any picture or image taken of me during the program, activity or trip for promotion, advertising or any other purpose by the City of Ferndale and release the City of Ferndale, its employees, agents and volunteers from any claims or liability relating to the use of any such photographs or images.

Signature

Date

Print Name

I authorize the City of Ferndale to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Ferndale, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Ferndale.

These items are required to enable the City of Ferndale to conduct accurate background checks for all volunteers and will be used only for that purpose. The City of Ferndale fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, Color, height, weight, or marital status.

Signature

Date

Print Name

Office Use Only

background check cleared on _____

application approved on _____

equipment issued on _____

equipment returned _____