

Brookhaven Parks & Recreation Commission

Coaching Application

Date of Application _____

GENERAL INFORMATION: (Please print)

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/State/Zip: _____

Cell Phone: _____

Date of Birth: _____

Email address _____

Shirt Size: _____

COACHING EXPERIENCE:

- 1) Have you ever coached before? _____
If yes, where? _____
- 2) What sport did you coach and for how many years? _____
- 3) What age group did you coach? _____
- 4) What team did you coach last year? _____

CURRENT INFORMATION:

- 1) What age group and sport would you like to coach this year?

- 2) Do you have a child/children in our program? _____

ADDITIONAL INFORMATION:

- | | | |
|---|-----|----|
| a) Do you use illegal drugs? | Yes | No |
| b) Have you ever been convicted of a criminal offense?
(If yes, explain below) | Yes | No |
| c) Have you ever been charged with child neglect or abuse? | Yes | No |
| d) Have your driver=s license ever been suspended or revoked?
(If yes, explain below) | Yes | No |
| e) Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?
(If yes, explain below) | Yes | No |

OVER

I understand that:

a) The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless to the City of Brookhaven, Brookhaven Recreation Department, the officers and employees thereof.

b) In signing the application, I have read the attached information and apply for employment/volunteer position with the Brookhaven Recreation Department. I agree to comply with the Rules and Regulations of the Brookhaven Recreation Department. I affirm that the information I have given on this form is true and correct.

Signature of Applicant

Date

Social Security Number