

# Volunteer Coach Application

\* Please complete this form in its entirety to be considered \*

Last Name	Middle Initial	First Name
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Address	City
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Home Phone	Work Phone	E-mail or Cell Phone
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Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Circle One:              Coach                      Assistant Coach

Circle One:      Baseball      Softball      Soccer      Basketball

Child Participating: Yes / No      Name: \_\_\_\_\_

Age of Child\_\_\_\_\_ League participating in\_\_\_\_\_

List Previous Coaching Experience or Other Qualifications:

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To be eligible to coach, all applicants will be subjected to criminal background checks. This is for the safety of the children participating. Please sign the following consent statement.

***I, the undersigned, in connection with this application, hereby authorize the Roxana Recreation Department to investigate my criminal history through proper law enforcement channels and release the Department and it's agents from any liability or responsibility from doing so.***

Signature \_\_\_\_\_

Date \_\_\_\_\_