



**VOLUNTEER APPLICATION FOR COACHING YOUTH PROGRAMS**

**Grinnell Recreation Department**

**520 4th Ave. Grinnell, IA 50112**

**ATTENTION: Jordan Allsup Assistant Recreation Director**

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle Initial

HOME ADDRESS \_\_\_\_\_

Street

City

State

Zip

YOUR DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EVENING PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (Please print clearly) \_\_\_\_\_

If there is someone you wish to coach with, please give us their name, daytime phone and email address:

NAME

PHONE #

EMAIL ADDRESS

PLEASE CIRCLE THE LEAGUE IN WHICH YOU ARE INTERESTED IN COACHING IN:

Soccer:      U6              U8              U10              U12              U14

Football:    Pee Wee      3rd & 4th      5th & 6th

Basketball: 1st & 2nd      3th & 4th      5th & 6th

Other: \_\_\_\_\_

PLEASE "X" YOUR COACHING AVAILABILITY:

Are you interested in being a head coach? \_\_\_\_\_ Or/and assistant coach? \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime? (Misdemeanor or felony) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been refused volunteer participation in any other youth sports program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have children in our Rec programs? \_\_\_\_\_ If yes, what league \_\_\_\_\_

Do you hold a coaching certificate from the NYSCA? \_\_\_\_\_ If yes, is your membership up to date? \_\_\_\_\_

Have you coached in our youth programs in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

***Please complete the other side of this form***

Why are you interested in coaching children?  
\_\_\_\_\_

Please tell us of any other coaching positions you have held \_\_\_\_\_

Do you hold current certification in First Aid or CPR? \_\_\_\_\_

Do you have any special training in the youth sports field? \_\_\_\_\_

DRIVER'S LICENSE OPERATOR NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**REFERENCES: One of your references should have knowledge of your participation in youth sports.**

1. \_\_\_\_\_

Name	Email	Daytime Phone #
------	-------	-----------------

2. \_\_\_\_\_

Name	Email	Daytime Phone #
------	-------	-----------------

As a condition of volunteering, I give permission for the City of Grinnell and the Grinnell Recreation Department to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Grinnell, its Recreation Department, the Ahrens Park Foundation, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Grinnell Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Grinnell Recreation Department and removal by the Recreation Department for violation of the City of Grinnell and Grinnell Recreation Department policies or principals.

PRINT YOUR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*NOTE: The City of Grinnell and the Grinnell Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

<p><b>OFFICE USE ONLY:</b></p> <p>Background check completed by Program Manager, Jordan Allsup on _____</p> <p>System(s) used for background check (minimum of one must be checked):</p> <p>Sex Offender Registry _____ Criminal History Records _____</p> <p><i>Only attach to this application copy of background check reports that reveal convictions of this applicant.</i></p>
--