

Warrensburg Parks & Recreation Department Volunteer Coach Application



League Sports:

Baseball Softball Soccer
 Basketball Volleyball

Instructional Sports:

Tee Ball Coach Pitch Basketball
 Soccer

CONTACT INFORMATION

Full Name _____

Address _____
Street City State Zip Code

Home Phone _____ Business _____

Email Address _____

Social Security Number: _____ Birthdate ___/___/___

COACHING EXPERIENCE

Have you ever coached before: YES or NO

If so, where, how many years experience, and contact person from the facility:

Certifications: _____

Coaching your own child? If so, name of child. _____

Other Information: _____

COACHING REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Other than non alcohol-related traffic violations, have you ever been convicted of any offense? Yes
 No If yes, describe in detail: _____

As used in this application, "convicted" includes any finding of guilt, plea of guilty, or plea of nolo contendere, regardless of whether or not imposition or execution of sentence is suspended. Failure to disclose complete & accurate information as well as misleading information may result in immediate dismissal.

Signature _____

Date _____

*Volunteer coach must submit completed criminal records check form. See back for WPR criteria for exclusion. **Submitting a volunteer application does NOT guarantee appointment as a WPR coach.***

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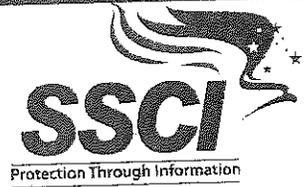
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Warrensburg Parks and Recreation National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your volunteering.

Print Name: _____ Date: _____

Signature: _____