



CONCORD PARKS AND RECREATION DEPARTMENT COACHING APPLICATION

Athletic Office Use: Background Check Approved Denied

Circle One: Coach Asst Coach Team Helper

AGE GROUP SPORT

1. NAME

2. ADDRESS

3. CITY STATE ZIP

4. TELEPHONE # HOME WORK CELL

OTHER EMAIL:

5. SOCIAL SECURITY # STATE & DRIVER'S LICENSE #

6. APPLICANT'S AGE: 18-20 21-30 31+ (PLEASE CHECK) Date of Birth

7. EDUCATION: High School Graduate College

8. ARE YOU A NEW COACH AT CONCORD?

COACHING EXPERIENCE

9. ARE YOU A CERTIFIED NYSCA COACH? Yes No Willing to be?

10. CHARACTER REFERENCE:

- (1) Name Phone Number
(2) Name Phone Number
(3) Name Phone Number

11. COACHING EXPERIENCE (IF ANY) EXPLAIN

12. REASONS FOR DESIRING TO COACH

13. STATEMENT OF PHILOSOPHY TOWARD YOUTH SPORTS

14. If accepted, I agree to attend all meetings and workshops called by; THE CONCORD PARKS AND RECREATION ATHLETIC DIVISION. Yes No

15. I understand that failure to conduct myself in a sportsmanlike manner will result in dismissal from coaching. Yes No

16. I understand that the Concord Parks and Recreation Department will perform a mandatory background check.

17. If accepted for a coaching position, head coach or assistant, I hereby agree to abide by the rules and regulations and Code of Ethics set forth by the CONCORD PARKS AND RECREATION DEPARTMENT.

18. I agree to indemnify and hold harmless the city of Concord, its officers, employees, and assigns from and against any and all claims, damages, losses or expenses for personal injury, sickness, or loss, damage or destruction of personal property which may arise out of or during my volunteer experience whether such claim be against me, for my benefit or otherwise. I further understand and agree that volunteers are responsible for their own insurance coverage (medical, automotive, liability or any other type) and are not insured in any way by the City, and are not entitled to any type of benefits provided to any employees of the City.

Please PRINT NAME

SIGNATURE DATE