

# BYRON-BERGEN VOLUNTEER COACHING APPLICATION

Volunteers must be under the direct supervision of certified personnel at all times.

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
S.S.# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Sport/Activity Applying For: \_\_\_\_\_

## Education

College Attended	Years	Degree(s)

High School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

List any related coaching/teaching/playing experiences:

Experience	Year	Supervisor/Head Coach
a.) _____	_____	_____
b.) _____	_____	_____
c.) _____	_____	_____
d.) _____	_____	_____

Do you have CPR Certification? \_\_\_\_\_  
If so, date of Issue \_\_\_\_\_ Renewal Date \_\_\_\_\_

Do you have First Aid Certification? \_\_\_\_\_  
If so, date of Issue \_\_\_\_\_ Renewal Date \_\_\_\_\_

Have you been previously fingerprinted and had a criminal history record check by the State Education Department?   
Yes  No  If "yes," please state the date performed and list circumstances (e.g., employment at school district, etc.).  
\_\_\_\_\_

Have you ever been convicted of a crime, or subject to current criminal prosecution?  
 Yes  No  
If "yes," please indicate specific circumstances regarding the criminal conviction or criminal prosecution.  
\_\_\_\_\_

References: Give name and phone #. (School district certificated personnel preferred)  
1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
3.) \_\_\_\_\_ 4.) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I Approve  Do Not Approve  the above applicant as a volunteer coach.  
Athletic Director/Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_