

**Newton County Recreation
Employee Initials _____**

**Newton County Recreation Commission
Volunteer / Coaching Application**

PLEASE PROVIDE DRIVER'S LICENSE WITH APPLICATION. WE CANNOT ACCEPT ANY APPLICATION WITHOUT ID. THIS IS REQUIRED FOR ALL HEAD COACH AND ASSISTANT COACH APPLICANTS.

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Pager or Cellular: () _____ Other Phone: () _____

Date of Birth: _____ Place of Employment: _____
MM/DD/YY

Is your Child Registered for the program you wish to coach / instruct? _____
Registered Child's Full Name _____

Please Circle one: Head Coach - Assistant Coach -

Baseball - Softball - Football - Cheerleading - Basketball

Do you have any formal training as a coach? _____
Explain, (i.e. Degrees, clinics, certifications)

For Youth Sports Only
Age Group: _____
Boys _____ Girls _____

Do you have any other experience working with youth organizations? _____ Please List: _____

I understand that any information that I have provided may be verified if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information about me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Newton County and its Recreation Commission, its agents, and employees.

I understand that in compliance with the Child Protection Act of 1993, and further legislation, I agree to allow the information given in this application to be used for this matter. I am aware that any information that would call into question my being entrusted with the supervision, guidance and care of youth will be reason to be denied coaching privileges.

I also understand that in signing this application, I have read the above information. If selected to coach, I agree to follow the guidelines set up by the National Association of Youth Sports, and to comply with the rules and regulations set forth by the Newton County Recreation Commission. I affirm that all information given on this application is true and correct.

Signature: _____

Printed Name: _____

Date: _____



Newton Recreation # 7058
Consent/Release Form

Name of Organization

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicants 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 Sex Offender Registry Checks
- Address Trace
- Information Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer 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.

Print Names:

Date: _____

Signature:
