

City of Troy, Parks and Recreation Volunteer Coach Application

Please Print !

Today's Date: _____

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

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: (Home) _____ (Work) _____

(Cell phone) _____ E-Mail Address: _____

Complete Date of Birth _____ SSN: _____

Name of Employer: _____

Employer's Complete Address: _____ Zip Code: _____

1. I would like to coach my son/daughter, whose name is: _____
2. I would like to be Head Coach Asst. Coach
3. I would like to coach the following sport(s) during this coming year:
4. Soccer Youth Baseball Girl's Softball Football Basketball
5. Have you ever been a volunteer coach for our programs? Yes No
If yes, what year? _____
6. Have you ever completed the National Youth Sports Coaches Association (NYSCA) certification in any sport? Yes No If yes, which sport (s)? _____

Please Read and Initial

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either the volunteer or the Parks and Recreation Department.

Applicant's Initials _____

Applicant must complete other page of application

Background Investigation Release Form

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act requirements. I release from liability the company I have made application with, and its representative for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgements, and sex offender status); (3) Previous incidents of alleged sexual or racial harassment; (4) Previous incidents of violent behavior and/or suspected dishonest acts; (5) Results of previous drug testing within the past two years if positive for illegal substances; (6) Social Security Number verification. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

Signature

Date

APPLICANT INFORMATION:

Last Name First Middle

Maiden

Address

City

State

Zip Code

Social Security Number

Date of Birth

Drivers License

State Issued

SERVICES ORDERED:

Safety First

Safety First & Alabama

COMPANY NAME REQUESTING INFORMATION: _____

BRADLEY SCREENING
5283 Vaughn Road
Montgomery, AL 36116
PH: (334) 272-3539
FAX: (334) 272-7302