

COACHING INFORMATION:

COACHING DESIRED (CIRCLE ONE): HEAD COACH ASSISTANT HEAD COACH
TO WHICH COACH: _____

SPORT: _____ SEASON: _____

AGE GROUP (CHECK ALL THAT APPLY): 6 8 10 12 15 18

HAVE YOU COACHED PREVIOUSLY? YES NO

IF SO, WHEN? WHERE? & AT WHAT LEVEL? _____

HAVE YOU PLAYED THE SPORT YOU ARE REQUESTING TO COACH? YES NO

PERSONAL REFERENCES (NOT RELATED TO YOU):

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

APPLICANT’S CERTIFICATION, AGREEMENT, WAIVER OF LIABILITY AND RELEASE

(Please read the following information carefully before signing)

I hereby certify that all statements on this application are made truthfully and without expansion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being accepted as a volunteer, or if accepted, may result in my dismissal.

I agree to abide by all program rules and regulations set forth by the Elkin Parks and Recreation Department. I understand that there are certain inherent risks involved in any activity. I assume all risks of participating in this Volunteer activity and accept full responsibility for my conduct and actions, including any injury to myself or others or damage that may result while in a Volunteer capacity. I understand that the Town of Elkin is not responsible for conditions that I create myself, those created by other volunteers, interns or employees. On behalf of myself, my heirs, administrators and executors, I hereby agree to release, hold harmless and indemnify the Town of Elkin, its officers, officials, employees, agents, contributing sponsors, affiliate organizations and volunteers from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind of injuries (including property damage, personal injury, disability and death) or aggravation of any pre-existing condition, illness or disability, death, loss of enjoyment or any other harm or loss of any nature which may be sustained by me while serving as a volunteer for the Town of Elkin Parks and Recreation Department, whether caused by the negligence of the Town of Elkin, its agents, employees, or Board of Commissioners.

I authorize the Town of Elkin to perform a criminal history background check and a National Sexual Offenders Registry Check, along with checking my above listed personal references as the Town of Elkin deems necessary.

SIGNED: _____ DATE: _____

THANK YOU SO MUCH FOR YOUR INTEREST IN BEING A VOLUNTEER
Please return this form to the Elkin Parks and Recreation Department or by mail to:
Elkin Parks & Recreation Department, PO Box 345, Elkin, NC 28621