

# VOLUNTEER COACH APPLICATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## **Education and Occupation:**

High School Name: \_\_\_\_\_  
College Name: \_\_\_\_\_ Other: \_\_\_\_\_  
Occupation (title, company): \_\_\_\_\_

## **Coaching:**

City you wish to coach: \_\_\_\_\_  
Position Desired: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
Name the person you wish to coach with: \_\_\_\_\_  
Your reason for applying: \_\_\_\_\_

## **Previous Experience:**

Instructional Leadership of Children (explain): \_\_\_\_\_

## Coaching Education:

Courses \_\_\_\_\_ Clinics \_\_\_\_\_ Books \_\_\_\_\_ Videos \_\_\_\_\_ Other \_\_\_\_\_  
(explain): \_\_\_\_\_

## Previous coaching experience:

Sport	Year(s)	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications (coaching): \_\_\_\_\_

CPR Certified: \_\_\_\_\_ Expires: \_\_\_\_\_ First Aid Certified: \_\_\_\_\_ Expires: \_\_\_\_\_

## **References:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

# VOLUNTEER REGISTRATION FORM

(PLEASE PRINT)

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Participant's Name	Birthdate	Program Name	Code #

*I have carefully read the Volunteer Wavier on the bottom and understand that my signature is required below in order for myself or my child to volunteer cv'lj g'Y gwěj gwłgt 'J qqr gtu. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for the Y gwěj gwłgt 'J qqr gtu.*

Signature of Participant or Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER WAVIER FORM

The Y gwěj gwłgt 'J qqr gtu welcome you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation.

Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The qti cpł cłqp continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

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As a volunteer, I recognize And acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced proi tco (s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project.

I agree to waive and fully release the Y gwěj gwłgt 'J qqr gtu and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this r tqi tco .

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.....Y gwěj gwłgt 'J qqr gtu.'58'Nkur łpctf 'Cxgpwg.'P gy 'Tqej gmg.'P [ "32: 23

....."; 36/625/4429'y y y 0y gwěj gwłgtj qqr gtu&eqo

**Westchester Hoopers Inc.**  
**VOLUNTEER EMERGENCY INFORMATION FORM**

1) Volunteer Name: \_\_\_\_\_

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Medical Information:

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Date: \_\_\_\_\_

## **CRIMINAL BACKGROUND CHECK FORM**

\_\_\_\_\_  
Information Needed for the New York State Police Background Check

This request is for employment or licensing purposes.      Yes    No

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ → M: Male      F: Female      U: Unknown

Race: \_\_\_\_\_ → W: White      B: Black      A: Asian/Pacific

I: American Indian/Alaskan    U: Unknown

Signature: \_\_\_\_\_ Date: \_\_\_\_\_