**TOWN OF LEXANDRIA**

**YOUTH SPC:\Program Files (x86)\Microsoft Office\MEDIA\CAGCAT10\j0299763.wmfRTS PROGRAM**

**COACH/VOLUNTEER APPLICATION**

**(Attach a copy of a valid government issued picture ID)**

**(Please return a signed copy of the Coach’s Code of Ethics)**

All Coaches, Volunteers and Employees who work with children (youth) must submit this application to be screened by the Town of Alexandria Youth Sports Program. Your signature on this application signifies that you agree to allow the Town of Alexandria or an assigned agency to perform a criminal background screening. This screening will include a review of sex offender registries, child abuse and criminal history records.

Date of application\_\_\_/\_\_\_/\_\_\_

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_

SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License State/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous (Maiden) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(circle preferred)

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program I am applying for (circle all that apply):

Baseball Softball Tee Ball Soccer Basketball Tennis

Position applying for (circle one):

Coach Asst Coach Staff member/helper Age/grade level\_\_\_\_\_\_\_\_\_\_

Coaching Certification: YES/NO

If yes, provide program, member ID# and expiration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Aid/CPR Training: YES/NO

If yes, provide program and expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, are you willing to attend training to obtain certification? YES/NO

Current Employer Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous Employer Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Coaching Experience:

Dates Where Sport Age Level Position

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

Playing Experience: (When, Where and at What Level):

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Describe yourself as a youth sports coach. What is your coaching philosophy? (Winning, Having Fun, Discipline, Teamwork, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe your philosophy on dealing with parents of the players:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you willing to take direction from the Program Coordinator, Youth Board and Town Board?

(Advice, rule changes, correction, etc.) YES/NO

Are you willing to enforce and promote the Town of Alexandria Youth Program Codes of Conduct/Codes of Ethics for Coaches, Players and Parents alike? YES/NO

Are you able to commit to attending all practices and games? YES/NO

Do you agree to treat and teach all the payers equally even if you have children/grandchildren on the team? YES/NO

Have you ever been ejected from or asked to leave a game by an umpire, program coordinator or board? YES/NO

If YES please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in an alcohol or drug related offense? YES/NO

If YES please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? YES/NO

If YES please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application you are stating that all of the information is true, accurate and correct.

You also state you understand that all Coaches and Volunteers will be approved by the Town of Alexandria Youth Board and may be removed at any time if the Board has justification to do so.

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

**HOME OF THE  PURPLE GHOSTS**