

Town of Marion Recreation Department
328 East Chilhowie Street
Marion, VA 24354
Phone: (276) 783-4840

Coaching Application

NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	TELEPHONE (HOME): _____
CITY/STATE/ZIP: _____	TELEPHONE (BUS.): _____
EMAIL: _____	TELEPHONE (CELL): _____

*PROVIDE ALL ADDRESSES YOU HAVE LIVED FOR LAST 10 YEARS (use additional pages if necessary)

Address: _____ City/State/Zip: _____ Dates: _____ to _____

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1. Do you have a valid driver's license? ☐ Yes ☐ No

State: _____ Number: _____

2. What sport do you want to coach? _____ Have you played the sport? ☐ Yes ☐ No

3. Have you ever coached the sport?..... ☐ Yes ☐ No

If Yes, where? _____ What ages? _____

4. Do you have any formal training as a coach?..... ☐ Yes ☐ No

If Yes, please describe: (NYSCA, ASEP, other) _____

5. Have you ever received treatment for alcohol or drug abuse?..... ☐ Yes ☐ No

6. Have you ever had charges brought against you for child molestation, abuse, or neglect? ☐ Yes ☐ No

7. Do you have Basic First Aid training? If so, what? _____

8. Have you ever been arrested or convicted of an offense against the Law other than a minor traffic violation? (A conviction does not mean you cannot coach. The offense and how recently you were convicted will be considered).

_____ Yes ☐ No ☐ (If yes, explain fully on a additional sheet)

9. Please list the name, address, and phone number of two persons who know you sufficiently well to comment on your past coaching or you as a potential coach.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

If accepted for a coaching position, I hereby agree to abide by the Town of Marion Recreation Department philosophies, rules, and regulations.

I understand that the information which I have furnished herein is subject to verification, which may include a criminal background check and reference interviews. My signature below is my consent to authorize reference interviews and a background check.

Signature: _____ **Date:** _____

Town of Marion Recreation Department

National Background Screening Consent/Release Form

Applicant's **Legal** Name (Printed): _____

Social Security Number: _____ Date of Birth: _____

Applicant's 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 State Sex Offender Registries
- *Full Address Trace
- *Social Security Verification

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

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your volunteering.

Print Name: _____ Date: _____

Signature: _____