

## Volunteer Head Coach Application

1. Full Name: \_\_\_\_\_
  
2. Current Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_
  
4. Email Address: \_\_\_\_\_
  
5. Did you coach in the previous Spring, Fall, or Winter season? Yes\_\_ No\_\_
  
6. Sport you are interested in coaching: \_\_\_\_\_  
  
A. Have you ever played this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_  
  
B. Have you coached this sport before? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_  
  
Who, When, Where \_\_\_\_\_
  
7. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_  
  
Shirt Size S M L XL XXL  
  
Team Color: \_\_\_\_\_  
  
Any conflict dates your team cannot play: \_\_\_\_\_  
  
Preferred practice days: \_\_\_\_\_

### Coaches Shirts:

Each team will get two (one for the Head Coach and one for an Assistant Coach) coaches shirts and hats. Each shirt and hat ordered besides the first two will be considered extras and will not be ordered until payment is received.

## Volunteer Assistant Coach Application

1. Full Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Did you coach in the previous Spring, Fall, or Winter season? Yes\_\_ No\_\_

6. Sport you are interested in coaching: \_\_\_\_\_

A. Have you ever played this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_

B. Have you coached this sport before? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_

Who, When, Where \_\_\_\_\_

7. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_

Shirt Size S M L XL XXL

Team Color: \_\_\_\_\_

Any conflict dates your team cannot play: \_\_\_\_\_

Preferred practice days: \_\_\_\_\_

### Coaches Shirts:

Each team will get two (one for the Head Coach and one for an Assistant Coach) coaches shirts and hats.

Each shirt and hat ordered besides the first two will be considered extras and will not be ordered until payment is received.

## Team Parent Information Form

1. Full Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Were you a team parent in either of the previous Spring, Fall, or Winter season? Yes\_\_ No\_\_

6. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_

## Coach's Code of Conduct

We all have a responsibility to promote high standards of behavior in youth athletic programs. Remember youth athletic program participation is a time for participants to develop their technical, physical, tactical and social skills. Winning isn't everything. Play your part and observe the Clover Parks and Recreation Department's Parent and Spectator Code of Conduct & Ethics.

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*On and off the field, I will:*

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- Show respect to others involved in the game including game officials, opposition players, coaches, managers, spectators and program administration staff
- Adhere to the rules and spirit of the game
- Promote fair play and high standards of behavior
- Always respect the game official's decisions
- Never enter the field of play without the officials' permission
- Never engage in public criticism of the game officials
- Never engage in, or tolerate, offensive, insulting or abusive language or behavior

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*When working with players, I will:*

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- Place the well-being, safety and enjoyment of each player above everything else, including winning
- Explain what I expect of players and what they can expect from me
- Ensure all parents/guardians of all players understand these expectations
- Never engage in or tolerate any form of bullying
- Develop mutual trust and respect with every player to build their self-esteem
- Encourage each player to accept responsibility for their own behavior and performance
- Ensure all activities I organize are appropriate for the players' ability level, age and maturity
- Cooperate fully with others in youth athletics (e.g. officials, doctors and physiotherapists) for each player's best interests

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*I understand that if I do not follow the Coaches Code of Conduct & Ethics, any/all of the following actions may be taken by the game officials or the Clover Parks and Recreation Department:*

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- Immediate dismissal from a game
- Required to meet with program administration staff
- Placed on probation
- Suspended from attending games/activities
- Relieved of my duties as a coach

In addition, the Clover Parks and Recreation Department has adopted a No Tobacco Policy which includes electronic cigarettes. This policy states that participants and spectators must refrain from using tobacco and alternative nicotine products at all Clover Parks and Recreation Department sponsored events and parks that are maintained by the Town of Clover.

I have read the above information and accept these conditions as part of my commitment to the Clover Parks and Recreation Department's youth athletic programs.

Coaches' Name \_\_\_\_\_ Date \_\_\_\_\_

Coaches' Signature \_\_\_\_\_

**Background Check Authorization**

**CONFIDENTIAL**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in the application is correct to the best of my knowledge. I hereby authorize Clover Parks and Recreation Department and its designated agents and representatives to conduct comprehensive review of my background causing a consumer report and/or an investigative consumer report/ investigative report may include, but is not limited to the following areas: verification of social security number; current/previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Clover Parks and Recreation Department or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Clover Parks and Recreation Department and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

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