

Revised: 9/8/2011



City of Ruston Parks and Recreation Department
605 James Street
Ruston, LA 71270

(318) 255-5800 Fax (318) 242-0096 ashell@ruston.org or kwilkerson@ruston.org

Volunteer Coach Application

SPORT: _____

Personal Information:

Full Legal Name (print): _____
Home Phone #: (_____) _____ - _____ Work Phone #: (_____) _____ - _____
Cell #: (_____) _____ - _____
Email: _____

Home Address:

Mailing Address (if different):

The following is for identification purposes only to perform the background check:
Date of Birth: ____/____/____ Male or Female
Social Security Number: _____
Drivers License State: _____ License Number: _____
(Please provide a photocopy of your license)
Other or Former Names: _____

Qualifications:

Have you played this sport? Yes No # of years: _____
Have you officiated this sport? Yes No # of years: _____
Have you coached this sport? Yes No # of years: _____

What other sports have you coached?

Sport	Age Level	Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Are you CPR and/or First Aid certified? Yes No

If yes, Card Level/Title: _____

Expires: ____/____/____ (Please provide a photocopy of the card)

Have you had any formal training? (clinics, member of a coaches association, etc.) Yes No

If yes: Training Name: _____

Date: ____/____/____

Training Name: _____

Date: ____/____/____

Do you have any children in this program? Yes No

If yes, please list names:

Have you ever been refused participation in any youth sports program? Yes No

If yes, please explain: _____

Why do you want to be a volunteer coach? _____

Why are you qualified to coach? _____

Have you ever been in the Armed Forces? _____

As an adult, have you ever been convicted of a crime? Yes or No

If yes, explain details. _____

List 2 references not related to you.

References: _____

Name

Telephone Number

Name

Telephone Number

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BACKGROUND SCREENING

In connection with my application to be a volunteer coach with Ruston Parks and Recreation (RPAR), I understand and agree that background inquiries pertaining to my past activities may be requested by RPAR. Information obtained from WillStaff and the City of Ruston Police Department may contain public record information including, without limitation, felony convictions and misdemeanor charges and driving record.

By signing below, I hereby authorize without reservation, any party or agency contacted by WillStaff and the City's Police Department to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Signature: _____

Date: ____/____/____

IMAGE RELEASE

I consent and hereby grant to the City of Ruston, it's Officers, Agents, Employees and Assigns the right to take photographs of me in connection with my role as a volunteer coach. I understand that this photograph and/or other digital reproduction may be utilized for publication processes, whether electronic, print, or digital. I understand that I will not receive payment from any party. By signing this form, I confirm that this consent form has been explained to me in terms which I understand.

Coach's Name

Coach's Signature

Date: ____/____/____

CODE OF ETHICS

As a volunteer coach for RPAR youth sports programs, I promise to set a good example for my team at all times. I will demonstrate and promote good sportsmanship in every aspect of the sport, use appropriate language at all times, and will encourage positive attitudes by using constructive criticism. I will provide all team members equal opportunity to learn, play and experience the sport regardless of their age, race, gender, disabilities, orientation, or income status. I will consider the safety of all participants to be the top priority of the program, followed by good sportsmanship and fair play. I will remember that the program is designed for children and not adults, as a fun, rewarding, and educational experience, with emphasis placed on absorbing the fundamentals of the particular sport, not on winning at all costs. I hereby pledge to provide positive support, care, and encouragement to my team.

Signature: _____

Date: ____/____/____