



City of Livingston Recreation Volunteer Coach Application

Please complete and turn into the Recreation Department with a copy of your Drivers License and Social Security Card

Volunteer's Full Name _____
First Middle Last

Mailing Address _____

Phone Number _____ Cell _____

Drivers License _____ Social Security # _____

_____ Basketball _____ Baseball _____ Girls Softball _____ Other

_____ Head Coach _____ Assistant Coach _____ Age Level/Division Requesting

1. Do you have a coaching certification? _____ YES _____ NO

2. Have you coached previously? _____ YES _____ NO
If so When? Where? & at what level?

3. Have you played the sport you are requesting? _____ YES _____ NO
If so When? When? & and what level?

4. What is your coaching philosophy? (winning, having fun, discipline, teaching team work)

5. Are you willing to take direction from the Recreation Supervisor or Coaching Supervisor/Coordinator? _____ YES _____ NO
(what drills to us, advise in game situations, working as a team with the other coaches)

6. Have you had fist aide training? _____ YES _____ NO

7. What is your probability of attending (please circle the estimated % of time)

Practices? All Most Some(half) A few (1/3)

Games? All Most Some (half) A few (1/3)

Tournaments? All Most Some (half) A few (1/3)

8. Are you willing to enforce and promote the Livingston Recreation's Code of Ethics for Coaches, Players and Parents? _____ YES _____ NO

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All volunteers or employees who have routine access to children (anyone under the age of majority) must consent to be screened by the City Of Livingston before he/she is allowed to have routine access to children in any City of Livingston programs. In Signing to application, you agree to allow the City of Livingston or assigned agency to perform a criminal background check on you. **This will include fingerprinting.**

- a. I have not been convicted (including crimes the record of which has been expunged or pleas of “no contest”) , disciplined, or discharged from employment for committing or attempting to commit crimes in the area of:

- | | | |
|-----------------------------------|--------------------------------|------------------------------|
| -child abuse | -Sexual abuse of a minor | -physical abuse |
| -murder | -man slaughter | - felony assault |
| -kidnapping | -arson | -criminal sexual conduct |
| -neglect of a child | -abuse causing a child’s death | -prostitution related crimes |
| -Child pornography | -child exploitation | -controlled substance crimes |
| -juvenile prostituting or pimping | | |

- b. I have not been convicted of any offense in any other state or against the laws of the United States which if committed or attempted in this state would have been punishable as one or more of the foregoing enumerated offenses.
- c. I have not been adjudged liable for civil penalties or damages involving sexual or physical abuse of children.
- d. I have not been subjected to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection.
- e. I have not ever had my parental rights terminated.
- f. I understand that I have an ongoing obligation as a volunteer of this organization to promptly report any conviction in those areas described above. (If you have committed or attempted to commit any of these crimes, please explain the circumstance related to the situation on a separate sheet of paper.)

By signing the application you are designating that all of the above statements true and correct.

Signed: _____

Date: _____