

EIELSON YOUTH PROGRAMS
SPORTS FITNESS AND OPEN RECREATION DEPARTMENT
VOLUNTEER COACH APPLICATION

Name: _____ Date of Birth: _____

Email: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____

Address: _____ Deros: _____

Unit: _____ Duty Address: _____

Emergency Contact:(NAME/PHONE): _____

SPORTS COACHING PREFERENCE

Aerobics	Archery	Basketball	Cheerleading
Curling	Cycling	Exercise	Fishing
Football	Marathon	Ski	Swimming
Tennis	Track & Field	Volleyball	Wrestling

SPECIAL ACTIVITY PREFERENCES

Dances	Seasonal Event	Mini Lock In	Carnivals
Bar-B-Ques	Speical Events	Other _____	

Are you a NAYS certified coach? Y/N

Are you CPR and First Aid Certified? Y/N

If yes: Date of NAYS Certification? (mm/dd/yy): _____

First Aid, CPR (mm/dd/yy) _____

I understand that as a Youth Volunteer Coach, I am required to attend a NYSCA certification clinic and that a background check will be conducted. I also certify that I have not been arrested for or convicted of child abuse or neglect. Lastly, the Privacy Act of 1974 requires that I authorize access to my private records. Without my written authorization, I understand you will be unable to initiate an inquiry on me.

Signature _____ Date _____

Professional References (required):

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

First Sergeant: _____ Email: _____