

Mt. Olive Recreation Sports Associations' Coaches Application

Date: _____ Name: _____ Home Phone: _____

Sport: Jr. Baseball Babe Ruth Baseball Basketball Cheerleading Football Lacrosse
 Track & Field/Cross Country Soccer Youth Ice Hockey Wrestling
(Check all that apply)

Home address: _____ City: _____ St: _____ Zip code: _____

cell/other Phone: _____

Date of Birth: _____ Social Security Number: _____

Name you would like to be called (Nick name): _____

Business Name: _____ Occupation: _____

Address: _____ City: _____

St: _____ Zip code: _____ Office Phone: _____

In case of emergency, we should contact:

Name: _____ Address: _____ Phone: _____

List previous volunteer experience:

1. Activity: _____

Agency: _____ Dates: _____

2. Activity: _____

Agency: _____ Dates: _____

List your specific skills and talents that might be useful in your volunteer work with us:

List any pertinent certifications: _____

Have you ever been suspended or terminated from a Mt. Olive Youth Sports Association? _____

I hereby give permission for the Recreation Department to receive specific information pertaining to any current and/or future suspension(s) and/or termination from a Sports Association.

(Signature)

References

Please give the name of three references who know of your abilities and interests.

1. Personal Reference: Name: _____ Phone: _____

Describe how long you have known this person and what type of relationship you have with this person. _____

2. Employment Reference: Name: _____

Company: _____ Phone Number: _____

Describe your relationship with this organization, including duties performed and dates of employment. _____

3. Volunteer Reference: Name: _____

Agency: _____ Phone Number: _____

Describe your volunteer assignments and length of time you served with this agency.

Mt. Olive Recreation is an authorized youth serving organization that receives Megan's Law notifications. Part of the process of screening all volunteers working with children, is to check the Megan's Law notification list. This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential in accordance with Federal and State regulations.

I hereby give permission for Mt. Olive Recreation perform background checks and screening.

Authorization for Release of Information

I, _____, am a candidate for a volunteer coaching position with a Sports Association of Mt. Olive Township, do hereby authorize with the Mt. Olive Recreation Department to search all relevant records. I understand that Mt. Olive Recreation will keep the information confidential and will only indicate to the Sports Association if I have a disqualifying conviction. I will be informed of any disqualifications and given the opportunity to have my record corrected.

I, _____, am aware that this information will be used to determine my suitability for volunteering with Mt. Olive Recreation Sports Associations. I hereby agree to indemnify and hold harmless the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from and against all claims or damages which may arise either directly or indirectly, from the release of this information.

Signature: _____ Date: _____

I understand that I do not have to agree to a background check, but that refusal will exclude me from consideration as a Mt. Olive Recreation Sports Association volunteer.