City of Tempe –Recreation Services –
3500 S. Rural Road ■ Tempe, Arizona 85282 ■ (480) 350-5200

YOUTH SPORTS PROGRAM COACHING APPLICATION

O Flag Football (Fall) O Basketball (Fall, Winter, Spring or Summer)

Name: _____

Address: _____

City: _____ Zip_____ E-mail Address _____

Home Phone: _____ Business Phone: _____ Fax: _____

Cell Phone:_____ Date of Birth: _____ Married? Y N (Optional

AZ Driver's License Number and Expiration Date: _____

Employer: _____ Your Title: _____

Supervisor's Name/Title: _____

Did you coach in the program last year? _____ Yes _____ No
Will you have a child in the program? _____ Grade Level _____

Name of son/daughter _____

Have you ever been trained or certified as a youth coach? _____Yes _____ No

Coaching Preference: Circle all that apply (Head Coach) (Assistant Coach)

Boys	5th – 6th grade	7th – 8th grade	9th – 12th grade	No Preference
Girls	5th – 6th grade	7th – 8th grade	9th – 12th grade	No Preference

School Preference _____ Days Available: M Tu W Th F S

Education:

Circle highest grade completed: **9 10 11 12 or GED** College: **1 2 3 4 Beyond**

Please list languages (other than English) that you can speak _____

Background:
Have you been convicted of a criminal offense, including traffic violation, since your 18th birthday? _____Yes _____No If yes, explain on the line below; a yes will not necessarily bar you from further consideration: Explain here: _____

_____

_____

Please list and explain any other names you have used: _____

_____

_____

- OVER –

Experience:
List your previous coaching experience: _____

_____

_____

Other experience working with youth programs: _____

_____

_____

Write a brief statement explaining your philosophy of recreation and sports.

_____

_____

_____

Would you coach more than one team? (Circle one) _____ Yes _____ No

References: List name and phone number of 2 personal references **other than family:**

Name _____ Phone: _____

Address _____ Relationship: _____

Name _____ Phone: _____

Address _____ Relationship: _____

In case of emergency, please contact:

Name: _____ Phone No. _____

Do you have medical insurance? Yes _____ No _____

Name of company: _____ Policy No. _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission will cause forfeiture of all eligibility to volunteer with the City of Tempe. I also hereby give my permission for the City of Tempe to conduct a criminal history check and to forward any and all information obtained to the volunteer coordinator. I understand that this information may be used for specific purpose of evaluating my fitness for duty, and that continued service may be contingent upon satisfactory completion of this background investigation. My signature below acknowledges my understanding and agreement with the above.

Signature _____ Date _____