

Community Recreation Department Volunteer Application Form



Name _____ Home Phone _____

Address _____ Cell Phone _____

City/State _____ Zip Code _____

E-mail address _____ Occupation _____

Current Employer: _____ Work Phone: _____

Hours of Work (check one & fill in time): 1st shift _____ 2nd shift _____ 3rd shift _____ Other _____

Volunteer Areas of Interest:

- | | |
|---|---|
| <input type="checkbox"/> Coaching Youth Sports | <input type="checkbox"/> Phone Calling/Stuffing Envelopes |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Citizen's Advisory Council |
| <input type="checkbox"/> Youth Playground Program | <input type="checkbox"/> Score Keeper/Scoreboard Operator |
| <input type="checkbox"/> Athletic Field Clean up | <input type="checkbox"/> Pool Attendant/Gym Monitor |

Please list the name, address and telephone number of three references:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been arrested, charged or convicted of a crime, the circumstances of which could impact the position for which you are applying? **Yes** _____ **No** _____ If yes, please explain:

BACKGROUND CHECK AUTHORIZATION

In order to provide a safe and healthy environment for our students, please understand that we may need to check references and review relevant public documents regarding criminal activity of any persons who are in contact with our students. For this reason, please provide information as requested below:

Have you resided in any other state in the last 10 years? Yes No If yes, which state(s)? _____

Date of Birth _____

I authorize the Sheboygan Area School District to process my application for serving as a volunteer by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. The District reserves the right to conduct a background check, through the Wisconsin Crime Information Bureau. I hereby release the Sheboygan Area School District, its employees, representatives, and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the District permission to do said background check as the District deems necessary.

Signed: _____ Date _____

Authorization to Volunteer and for Emergency Medical Treatment

I, as the volunteer or parent/legal guardian of the above-named person, hereby give permission for his/her/my participation in volunteer activities with the Sheboygan Area School District Community Recreation Department. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in volunteer activities.

Participant or Parent/Guardian Signature _____ Date _____

Please return this form to the Recreation Department or by mail or fax to:

Community Recreation Department
607 South Water Street, Sheboygan, WI 53081
Fax: 920/459-4021

**For volunteering to coach,
please complete both sides...**

Application to Volunteer Coach

Community Recreation Department Youth Sports Mission

The Community Recreation Department provides opportunity for various levels of instruction and competition. Programs are planned to provide a safe environment, teach the basic skills, improve the participant's enjoyment, and to encourage sportsmanship and team play. In order to assist in accomplishing this mission coaches, referees, volunteers and administrators must adhere to our program philosophies and mission.



Coaching Background

1. What is the sport for which you are applying to coach?

Circle one: Basketball Baseball Softball Flag Football SAYSO Soccer

2. What age group or grade level are you applying to coach? _____

Note: The sport you have circled will be referred to as *this sport* in the remainder of the questionnaire.

3. Have you played this sport? **Yes** **No** Number of Years _____

4. Have you played this sport in organized Leagues: **Yes** **No** or informal games: **Yes** **No**

5. Have you coached this sport before? **Yes** **No**

Circle: Boys Girls Age Group _____ Number of Years _____ City: _____

5. List any training or classes you have had that would help you be a successful coach. (For example, PE degree, coaching courses, clinics, scout leader, church group leader etc.)

6. Please briefly describe your philosophy on coaching youth sports:

I have read, understand and completed the above stated questions, regarding Recreation Department's program mission and agree to adhere to program philosophy and to all of the Supervisors decisions regarding coach's conduct including dismissal from coaching.

Signed _____ Date _____

Thank you so much for your interest in being a volunteer!

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607 South Water Street
Sheboygan, WI 53081

Fax: 920/459-4021