

JEFFERSON CITY PARKS, RECREATION & FORESTRY
Youth Summer Volleyball Volunteer Staff Application
Manager Personal Information 2016
"Please Print and Complete All Information"

Full Name: _____ **Date of Birth:** _____

Home Address: _____ (street, city, state, zip code)

Home Phone #: _____ **Cell Phone #:** _____

E-Mail: _____ **Work Phone #:** _____

Present Employer: _____ **Date of Employment:** _____

Position: _____ **Name of Supervisor:** _____

Work Address: _____
(street, city, state, zip code)

Past Employer: _____ **Date of Employment:** _____

Full Address: _____ **Reason for Leaving:** _____

References: (list 3 not related) – 1st year coaches only

Name _____ **Address & Phone #:** _____

Name _____ **Address & Phone #:** _____

Name _____ **Address & Phone #:** _____

Have you ever been arrested, charged or convicted of a crime other than a minor traffic violation? _____
If yes, please explain details: _____

Have you ever been involved in an incident involving child abuse or neglect? _____
If yes, please explain details: _____

Have you ever sought treatment for drug and/or alcohol dependency either voluntarily or as required by court order? _____
If yes, please explain details: _____

Discuss reasons for your interest in this position. _____

Have you ever had a formal complaint against you while volunteering in any youth program? _____

If yes, please explain details: _____

Describe your prior experience working with children. _____

Describe your coaching experience including the names of the organizations, dates and sports you coached. _____

List any formal training that you have received in coaching including the names of the organizations, dates and sports for which you received training _____

List any formal training that you have received in first aid including the names of the organizations, dates of training and any certifications you have been awarded. _____

List any formal training that you have received in teaching children or parenting including the names of the organizations, dates of training and any certifications you have been awarded. _____

Are you currently NYSCA certified? Yes No Membership #: _____

If you indicated yes, which sport(s) are you currently NYSCA certified in?

Baseball

Softball

Football

Basketball

Volleyball

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from the position for which I have applied.

As a volunteer staff member responsible for teaching youth sports and all it involves, I understand my role as described herein, the nature of the program and its objectives. I pledge to fully comply with the expectations of the Department of Parks and Recreation and agree to willingly relinquish this position if program supervisors feel that my performance does not meet these requirements.

Team Name/School: _____/_____

Grade/Age: _____/_____

League: 3rd indoor 4th indoor 5th indoor 6th indoor 7-9th indoor
 6th-7th sand Girls CoEd Boys 8th-9th sand Girls CoEd Boys

Printed Name: _____ T-Shirt Size: _____

Signature: _____

Date: _____