



Volunteer Outdoor Coaching Application



Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Ext. _____

Cellular Phone _____ Email _____ Gender _____

Position Check one: **Head Coach** _____ **Assistant Coach** _____

Coach you wish to be paired with _____

Have you coached in an organized Soccer/T-Ball program before? YES or NO If so, how long? _____ Years _____ Months

Have you ever coached for a Suffolk Parks & Recreation League? YES or NO If so, what was name of your league and what was the most recent year? League _____ Year _____

Please check the sports and divisions you would prefer to coach. Divisions are listed under each sport. If your child/children are registered to participate, they will be placed on your team. Place their name below.

Child's Name _____ Age _____

Child's Name _____ Age _____

Youth Outdoor Soccer League	Age Group	Check One
Novice	6-7	
Pee Wee	8-10	
Midget	11-13	

Please check the Center/Region that you desire to practice.

Youth Outdoor Soccer	
Sleepy Hole	
Peanut Park	
Youth T-Ball practices will be held at the following locations only.	
Peanut Park	

Lil' Ones Program	Age Group	Check One
Tiny Kickz	4-5	
T-Ball	4-7	

T-Shirt Size	Check One
Adult Small	
Adult Medium	
Adult Large	
Adult X-Large	
Adult XX-Large	
Adult XXX-Large	
Other:	

It is understood that if accepted by The City of Suffolk Department of Parks and Recreation, as a volunteer coach, I will support and enforce the following guidelines:

- To be certified through the National Youth Sports Coaches Association (NYSCA) and/or keep my certification current.
- To attend all meetings and rules clinics set up by the Department prior to the beginning of the season.
- I will promote team play that is safe, fun and enjoyable for all players.
- I will remember to encourage cooperation, self-discipline and motivation while enhancing the development of life lasting traits.
- I will promote the respect in oneself and others through good sportsmanship by emphasizing the development of cooperation and respectful behavior toward teammates, opponents, referees and coaches. I will help each child feel good about himself/herself.
- I will promote sports fundamentals, which are essential to enjoy the game. I will strive to develop each child's skills and abilities to the fullest potential and emphasize one's effort is more important than the outcome of the game.
- I will complete and submit the background check application to the Department.
- I will notify parents and players of practice times, games times, picture day, and uniform distribution day.

Signature _____ Date _____



VOLUNTEER IN YOUTH SPORTS

Consent/Release Form
NYSCA Chapter ID# 1617

Name of Organization: **Suffolk Parks and Recreation Department**

Applicant's Name (printed)

Date of Birth ____/____/____ Social Security Number ____-____-____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named
Name of Applicant organization to obtain information regarding myself.

This includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____