



# Volunteer Coaching Application



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Email \_\_\_\_\_

**Position Check one:** Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Coach you wish to be paired with \_\_\_\_\_

Have you coached in an organized Basketball/Soccer/Cheering program before? YES or No If so, how long? \_\_\_\_\_ Years \_\_\_\_\_ Months

Did you coach in Suffolk P&R League last year? YES or No If so, what was name of your league division & team name? \_\_\_\_\_

**Please check the sports and divisions you would prefer to coach. Divisions are listed under each sport.**

Youth Basketball League	Age Group	Check One
Coed Novice	6-7	
Girls Pee-Wee	8-10	
Boys Pee-Wee	8-10	
Girls Midget	11-14	
Boys Midget	11-12	
Boys Junior	13-15	

Youth Cheering	Age Group	Check One
Novice	6-7	
Pee Wee	8-10	
Midget	11-15	

Youth Indoor Soccer League	Age Group	Check One
Novice	6-7	
Pee Wee	8-10	
Midget	11-12	
Junior	13-15	

Lil' Ones Program	Age Group	Check One
Lil' Dribblers	4-5	
Pom Pom Squad	4-5	
Tiny Kickz	4-5	

**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 \_\_\_\_\_

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

**Please Check your Shirt Size.**

Booker T. Washington Recreation Center	
Mack Benn, Jr. Recreation Center	
Kings Fork Recreation Center	
Oakland Recreation Center	
Northern Shores Recreation Center	
Creekside Recreation Center	

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: \_\_\_\_\_