



Volunteer Coaching Application

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home/Cell Phone _____ Work Phone _____ Email _____

Position (select one): Head Coach _____ Assistant Coach _____ [Coach you wish to be paired with _____]

Have you coached in an organized Basketball/Futsal/Cheer program before? ___YES ___NO If yes, how long? ___ Years ___ Months

Did you coach in a Suffolk Parks & Rec League last year? ___YES ___NO If yes, league _____ team name _____

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

<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2
Northern Shores Recreation Center Creekside Recreation Center	Booker T. Washington Recreation Center Mack Benn Jr. Recreation Center Kings Fork Recreation Center

Please check the sport/division you would prefer to coach, and shirt size.

<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheer
<input type="checkbox"/> Tiny (4-5) <input type="checkbox"/> Novice (6-7) <input type="checkbox"/> Girls Primers (8-10) <input type="checkbox"/> Boys Primers (8-10)	<input type="checkbox"/> Girls Juniors (11-15) <input type="checkbox"/> Boys Juniors (11-12) <input type="checkbox"/> Majors (13-15)

<input type="checkbox"/> Futsal
<input type="checkbox"/> Tiny (4-5) <input type="checkbox"/> Novice (6-7) <input type="checkbox"/> Primers (8-10) <input type="checkbox"/> Juniors (11-12) <input type="checkbox"/> Majors (13-15)

Adult Shirt Size
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge <input type="checkbox"/> 4XLarge <input type="checkbox"/> 5XLarge

If your child is registered, they will be assigned to your team. Please complete section below.

Child's Name _____ DOB _____ Age _____ Gender _____

Child's Name _____ DOB _____ Age _____ Gender _____

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 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: _____