

# Volunteer Coach Application

(You must be 18 or older to be a volunteer coach)

Each coach must fill out  
a new application for  
each season.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Daytime Phone:  Home  Cell  Work

Birth date: \_\_\_\_\_

Email address: \_\_\_\_\_

## Check which sport your child will play this season:

Basketball  Baseball  Football  Softball  Soccer  Volleyball  Wrestling  
Child's Name: \_\_\_\_\_ League: \_\_\_\_\_

## Indicate which area you would like to coach in:

Brooklet  Nevils  Portal  Statesboro  Stilson

### BASEBALL/SOFTBALL

#### March-June

Which group would you like to coach?

Please list 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices:

- T-Ball (ages 5-6)
- Rookie (ages 6-7)
- Tiny Mite Boys (ages 7-8)
- Tiny Mite Girls (ages 7-9)
- Minor Boys (ages 9-10)
- Midget Boys (ages 11-12)
- Midget Girls (ages 10-12)
- Junior Boys (ages 13-14)
- Junior Girls (ages 13-14)
- Senior/Major Boys (ages 15-18)
- Senior/Major Girls (ages 15-18)

### SOCCER

Indicate which season you are applying for:

- Spring (February- April)
- Fall (August- October)

Which group would you like to coach?

- U-6 (ages 4-5)
- U-8 (ages 6-7)
- U-10 (ages 8-9)
- U-12 (ages 10-11)
- U-14 (ages 12-13)
- U-16 (ages 14-16)
- U-18 (ages 16-18)

### FOOTBALL

#### August-October

Which group would you like to coach?

Please list 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices:

- Pee Wee Flag (ages 5-6)
- Tiny Mite Flag (ages 7-8)
- Minor Tackle (ages 9-10)
- Midget Tackle (ages 11-12)

### BASKETBALL

#### November-February

Which group would you like to coach?

Please list 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices:

- Short Stuffs (ages 5-6)
- Tiny Mite Boys (ages 7-8)
- Tiny Minor Girls (ages 7-9)
- Minor Boys (ages 9-10)
- Midget Boys (ages 11-12)
- Midget Girls (ages 10-12)
- Junior Boys (ages 13-14)
- Junior Girls (ages 13-14)
- Senior/Major Boys (ages 15-18)
- Senior/Major Girls (ages 15-18)

### Volleyball

#### August-October

Which group would you like to coach?

- Flea (ages 7-8)
- Mite (ages 9-10)
- Midget (ages 11-12)
- Junior (ages 13-14)

### Wrestling November- February

Wrestling

**Application only valid for the current season.**

**ALL COACHES MUST BE CERTIFIED  
ATTENDANCE AT CLINICS/RULES MEETINGS IS REQUIRED**

Please list request for assistant coach: Name/Phone Number

1) \_\_\_\_\_

Please check which sports you have participated in:

Football  Basketball  Softball  Baseball  Track  Soccer  Volleyball  Wrestling

Have you worked with 5-18 year old children before?  YES  NO

If so, where and in what capacity? \_\_\_\_\_  
\_\_\_\_\_

Are you *currently* certified by the National Youth Sports Coaches Association (NYSCA) or Doyle Baseball (for Baseball and Softball only)?

YES  NO If so, please list your certification number: \_\_\_\_\_

List 2 references who know about your playing or coaching experiences:

NAME	PHONE

Have you ever been convicted of a criminal offense other than a minor traffic violation?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand that as a coach of a youth sports league that I will be expected to follow all the rules and regulations as set forth by the Statesboro-Bulloch Parks & Recreation Department. I also understand that a failure to comply with all the rules can result with my termination as a volunteer coach.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to:

**SBCPRD**

**Attn: Shelley Salter**

**P.O. Box 408**

**Statesboro, GA 30459**

**FAX: 912-764-2425**

# CONSENT FORM

This form must be filled out completely in order to apply

I hereby authorize **Statesboro - Bulloch County Parks and Recreation Department** to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Below this line is for Sheriff's Department use only

.....  
 No Record on File

Record on File

Copy of record attached to consent form (Yes or No)

\_\_\_\_\_  
Deputy's Signature

Initials: \_\_\_\_\_

Date: \_\_\_\_\_