



STATESBORO-BULLOCH

Parks and Recreation

CHEERLEADING COACH VOLUNTEER APPLICATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Number: _____ Alternate Number: _____

Email: _____ T-Shirt Size: _____

Area: ___Brooklet ___Nevils ___Portal ___Statesboro ___Stilson

Do you have any cheerleading experience? YES _____ NO _____

If yes, where and in what capacity? _____

If you have a child participating in the cheerleading program, please fill out the following information:

CHILD'S NAME: _____ LEAGUE: ___Minor ___Midget

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

If so, please explain. _____

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

Signed: _____ Date: _____

Please return to: SBCPRD
Attn: Shelley Salter
P.O. Box 408
Statesboro, GA 30459
Fax: 912-764-2425

For questions regarding the cheerleading program, please contact:
Alison Brown
489-9059
abrown@bullochrec.com

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

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 No Record on File

Record on File

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

Deputy's Signature

Initials: _____

Date: _____