



STATESBORO-BULLOCH

Parks and Recreation

CHEERLEADING COACH VOLUNTEER APPLICATION 2009

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

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

() No Record on File

() Record on File

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

Deputy's Signature

Initials: _____

Date: _____