

# Marshfield Parks and Recreation Department

## Volunteer Soccer Coaching Application/ Registration 2020

Formal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

The purpose of this application is to find volunteer adults willing to **take on** the responsibilities of Youth Soccer coaching; to **promote** fun and individual growth in the Youth Fall Soccer program in Marshfield; to **promote** coaches who will help the individual; to **ensure** equal participation for each youngster and to **encourage** participation for each child for fun and fitness; to **eliminate** the “win at all costs” coach.

1. I feel confident in coaching youth soccer. Yes \_\_\_\_ No \_\_\_\_  
I need some skill assistance in coaching. Yes \_\_\_\_ No \_\_\_\_  
Your t-shirt size: \_\_\_\_\_

2. Have you been a soccer coach previously? Yes \_\_\_\_ No \_\_\_\_  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

3. Have you worked as a volunteer/paid employee with children before? Yes \_\_\_\_ No \_\_\_\_  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

4. In which league are you interested in coaching?  
Grades K: \_\_\_\_\_ Grades 1 & 2 : \_\_\_\_\_ Grades 3 & 4: \_\_\_\_\_ Grades 5&6: \_\_\_\_\_  
I want to be assigned to \_\_\_\_\_ team.  
(Child’s Name)

5. Do you want to be: Head Coach \_\_\_\_ Assistant Coach \_\_\_\_  
Do you have someone in mind to work with? Yes \_\_\_\_ No \_\_\_\_  
If so, name: \_\_\_\_\_

6. As a prospective Volunteer Coach, I agree to follow the policies and rules set forth by the Marshfield Parks & Recreation Department and the Marshfield Youth Soccer Association.

\_\_\_\_\_  
(Applicant’s Signature)

- **NOTE:** Final selection and assignment of all coaches rests with the Parks & Recreation Supervisor and the Program Supervisor.

**More information needed on back.**

## Authorization for Release of Information

**Please provide the following information for background check:**

Formal First Name: \_\_\_\_\_

Male      Female      (please circle one)

Middle Initial: \_\_\_\_\_

City/State/County (lived in for the last 10 years)

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

I authorize, State of Wisconsin and City of Marshfield, to disclose to, city of Marshfield at 110 West 1<sup>st</sup> Street, Marshfield, WI 54449 information to include driving records and/or any criminal history information. The purpose of this disclosure is to comply with the Adam Walsh Child Protection Act.

Are there any pending criminal charges against you, or have you ever pleaded guilty to or been convicted of any crime?

Yes       No

If yes, then please provide all information related to the pending charges, or the plea or conviction of the offense including, but not limited to, the date of the incident, the date of the plea or conviction, the factual circumstances of the incident, and the specific violation subject to the pending charge of the plea or conviction. Applicant is informed that his or her pending charges, guilty pleas or conviction will not automatically disqualify the applicant from employment unless the charges or conviction substantially relate to the job applied for or in the event of conviction precludes the employee from performing an essential function of the job.

I also understand that this consent is revocable except to the extent that action has been taken in reliance there on, and that consent will remain in force for one (1) year in order to effectuate the purposes for which it is given.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent or Legal Guardian (if coach is under 18)

\_\_\_\_\_  
Witness

- *Note to recipient of information: This confidential information is not to be released to other sources without again seeking the permission of the participant.*