

Marshfield Parks and Recreation Department

Volunteer Basketball Coaching Application/ Registration 2016

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 Basketball coaching; to *promote* fun and individual growth in the Youth Basketball 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. Yes ____ No ____
I need some skill assistance in coaching. Yes ____ No ____
Your t-shirt size: _____
2. Have you been a basketball 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?
Girls : _____ Boys: _____
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.

(Applicant's Signature)

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

Authorization for Release of Information

Please provide the following information for background check:

Formal First Name: _____

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

Middle Initial: _____

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 1st 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 _____, 20 ____.

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.*