

**ANSON COUNTY PARKS AND RECREATION
COACHING APPLICATION**

Athletic Office Use:

Background Check _____

Approved _____

Denied _____

Please Check One: Coach **Asst. Coach** **Team Helper** **Referee** **Umpire**

AGE GROUP _____ SPORT _____

1. NAME _____

2. ADDRESS _____

3. CITY _____ STATE _____ ZIP CODE _____

4. TELEPHONE # HOME _____ WORK _____ CELL _____

OTHER _____ EMAIL _____

5. SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

6. EDUCATION: High School Graduate _____ College / University _____

Graduate or Professional _____ Other _____

7. ARE YOU A NEW COACH AT ANSON? _____

8. COACHING EXPERIENCE _____

9. ARE YOU CERTIFIED NYSCA COACH? Yes _____ No _____ Willing to be? _____

10. REASON FOR DESIRING TO COACH? _____

11. STATEMENT OF PHILOSOPHY TOWARDS YOUTH SPORTS: _____

12. CHARACTER REFERENCES:

(1) Name _____ Phone Number _____

(2) Name _____ Phone Number _____

(3) Name _____ Phone Number _____

13. If accepted, I agree to attend all meetings and workshops called by ANSON COUNTY PARKS AND RECREATION DEPARTMENT. **Yes** _____ **No** _____
14. I understand that failure to conduct myself in a sportsmanlike manner will result in dismissal from coaching. **Yes** _____ **No** _____
15. I understand that the ANSON COUNTY PARKS AND RECREATION DEPARTMENT will perform a mandatory background check. **Yes** _____ **No** _____
16. If accepted for a coaching position, head coach or assistant, I hereby agree to abide by the rules and regulations and code of conduct set forth by the ANSON COUNTY PARKS AND RECREATION DEPARTMENT. **Yes** _____ **No** _____

I agree to Indemnify and hold harmless the COUNTY OF ANSON, it's officers, employees, and assigns from and against any and all claims, damages, losses or expenses for personal injury, sickness, or loss, damage or destruction of personal property which may arise out of or during my volunteer experience whether such claim be against me, for my benefit or otherwise. I further understand and agree that volunteers are responsible for their own insurance coverage (medical, automotive, liability or any other type) and are not insured in anyway by the COUNTY and are not entitled to any type of benefits provided to any employees of the COUNTY.

PRINT NAME: _____

SIGNATURE : _____ **DATE** _____