

PECULIAR

parks & recreation



Youth Sports Coaches Application:

INTERESTED IN COACHING A PECULIAR PARKS & RECREATION YOUTH SPORTS TEAM?

Our leagues are dependent on coaching volunteers like you. If you enjoy working with kids and want to teach kids about the fundamentals of sports, good sportsmanship, learning life lessons through athletics, and being a responsible person, please fill out the form below. Please write a short paragraph explaining what qualifies you to coach. (This can be as simple as "I enjoy teaching kids," and include a bit of information about you.) This note is just simply to get to know the potential coaches of our leagues. All Coaches selected will be required to complete a background check.

Return this form with to: Peculiar Parks & Recreation
250 South Main Street
Peculiar, MO 64078

Name _____ Email Address (preferred) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Will you be coaching your own child? If yes, please list their name(s): _____

Have you coached youth sports before? (If no, this does not disqualify coaches from consideration)

Yes _____ No _____ If yes which _____

Coaching status (anticipated): Head or Assistant Number of years: _____

Have you ever taken a coach certification course? _____

If yes, what year and through what organization? _____

Coaches t-shirt size (one supplied per coach): Please circle

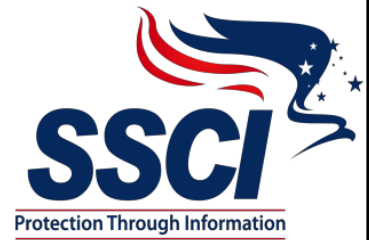
Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large Adult XXX-Large

What qualifies you to Coach? _____

_____ continue on back if needed...

Coaches Signature: _____ Date: _____

Office Use: Rcpt #: _____ Date: _____ Initials: _____ Background complete _____



Peculiar Parks & Recreation

National Background Screening Consent Form

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____