



# Recreation & Parks

644 N. Main Street | Mocksville, NC 27028 | 336.753.TEAM (8326)

DavieCountyNC.gov   

## Coach/Instructor/Volunteer Application

In order to coach or assist (sport leagues), or instruct class activities in any way with Davie County Recreation and Parks, interested candidates must complete the following items and be approved by the Department:  
1) Volunteer Coaching/Instructor Application 2) Criminal Records Check Authorization (performed by Davie County)  
3) Sign the Coaches Code of Conduct (sport leagues) 4) Attend the mandatory coach's meeting (sport leagues).

**\*\* PLEASE PRINT LEGIBLY \*\***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_

POSITION	AGE GROUP / SPORT	CHILD'S NAME
HEAD		
ASSISTANT		
POSITION	WHAT TYPE OF ACTIVITY OR PROGRAM	
INSTRUCTOR		

Have you played this sport for an organized league or in school?  Yes  No

Do you have experience coaching this sport for an organized league or school?  Yes  No

If yes, please fill out the following information:

<u>Organization</u>	<u># of Years</u>	<u>Age Level</u>
_____	_____	_____

Do you have experience instructing this activity for another organization?  Yes  No

If yes, please fill out the following information:

<u>Organization</u>	<u># of Years</u>	<u>Age Level</u>
_____	_____	_____

Do you have any formal training as a coach or instructor?  Yes  No

(Ex: NYSCA Certification, Coaching Clinics, Courses, Fitness Certification etc.): \_\_\_\_\_

If my application is accepted and I am approved to be a youth sport coach or contracted instructor for Davie County Recreation and Parks, I agree to abide by all Rules and Regulations governing coaches and the program that I coach or instruct. I also agree to attend the mandatory coaches meeting(s), coaches clinic(s) and adhere to the Coaches Code of Conduct (sport leagues). I understand that if I have any problems or concerns while coaching or instructing, I shall discuss those problems/concerns in a scheduled meeting with the designated Athletic Program Director for the sport that I am coaching or designated Recreation and Parks staff for the program activity that I am instructing. I further understand that failure to adhere to the Coaches Code of Conduct, Coaches Rules & Regulations, Recreation and Parks Rules and Regulations or my specific Sport Rules & Regulations may result in my suspension and/or dismissal as a Youth Sport Coach or Contracted Instructor as well as affect my ability to attend Davie County Recreation & Parks sponsored events. I hereby expressly acknowledge and agree that the Davie County Recreation and Parks Director or Athletic Program Director may select and/or suspend/dismiss me as a Youth Sport Coach or Contracted Instructors with or without cause and in his/her sole discretion.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*Applications are valid for one sport per season. A separate application must be filled out for each sport coached.

OFFICE USE ONLY:  Approved |  Denied | Date: \_\_\_\_\_ | By: \_\_\_\_\_



## Volunteer Criminal Background Screening Consent/Release Form

Applicant's FULL Name (Please Print): \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Current Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the County of Davie to obtain information regarding myself through a criminal background screening. This information will include the following:

- Criminal background records/information
- Search of Sex Offender Registries
- Address Verification (current and previous)
- 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.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Applicant's Signature: \_\_\_\_\_