

COACH'S APPLICATION

Please print clearly and use one form per applicant.

Mail or drop off completed forms to the address above at the attention of the GTRC President

NAME _____

ADDRESS _____

CELL PHONE _____ HOME PHONE _____

E-MAIL _____

Can this e-mail address be used as the primary way of communication YES NO
If your response were NO, which means of communication would be best: _____

COACHING HISTORY (LAST 5 YEARS – please list organization, city & state).

COACHING CERTIFICATE CURRENT: Y N N/A

Shirt Size _____

Sport _____ Level (age) _____ Preference: HEAD ASSISTANT EITHER

Sport _____ Level (age) _____ Preference: HEAD ASSISTANT EITHER

Please provide one reference with phone number (mandatory):

Reference: First and Last Name _____ Phone number: _____

I certify that all of this information is true and that by volunteering to coach in Greenwich Township, I give my consent to have a background check done in accordance with the "Volunteers for Children Act".

FYI: The GTRC President (GT Police Chief, if necessary) will be the only person viewing the Mind Your Business (MYB) document and results. This document and results are private and will not be shared. The MYB form will be shredded once data is submitted to MYB.

Signed: _____ Date: _____