

**Newton County Recreation  
Employee Initials \_\_\_\_\_**



**Newton County Recreation Commission  
Volunteer / Coaching Application**

**PLEASE PROVIDE DRIVER'S LICENSE WITH APPLICATION. WE CANNOT ACCEPT ANY APPLICATION WITHOUT AN ID. THIS IS REQUIRED FOR ALL HEAD COACH AND ASSISTANT COACH APPLICANTS.**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
MM/DD/YY

Is your Child Registered for the program you wish to coach / instruct? \_\_\_\_\_

Registered Child's Full Name \_\_\_\_\_

**Please Circle one:** Head Coach Assistant Coach Miracle League Buddy

Baseball - Softball - Football - Cheerleading - Basketball - Miracle League

Do you have any formal training as a coach? \_\_\_\_\_  
Explain, (i.e. Degrees, clinics, certifications)

Age Group You Wish to Coach: _____  Boys _____ Girls _____
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Do you have any experience working with youth organizations or special needs kids? \_\_\_\_\_  
Please List:

I understand that any information that I have provided may be verified if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information about me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Newton County and its Recreation Commission, its agents, and employees. I understand that in compliance with the Child Protection Act of 1993, and further legislation, I agree to allow the information given in this application to be used for this matter. I am aware that any information that would call into question my being entrusted with the supervision, guidance and care of youth will be reason to be denied coaching privileges. I also understand that in signing this application, I have read the above information. If selected to coach, I agree to follow the guidelines set up by the National Association of Youth Sports, and to comply with the rules and regulations set forth by the Newton County Recreation Commission. I affirm that all information given on this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Office Use:</b> If the applicant is the assistant coach and teams have been selected, please fill out the information below</p> <p>Team Name: _____ League Name: _____</p> <p>Head Coaches Name: _____</p>
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