

Cecil County Parks and Recreation Coaching Application Form

Last Name:		First Name:				
Address:						
City:			State:	Zip	code:	
Home Phone:	V	Vork phone: _		Cell pho	ne:	
Email 1:			_ Email 2:			
DOB:						
Emergency Contact In	formation					
Name:		_ Phone:		Rela	tionship:	
Social Security Numbe	er:					
Please list any past or	current experie	nces with othe	er volunteer orga	anizations:		
Prior playing experien	ce (circle all that	annly):				
	High School		Club			
Prior coaching experie	-	-	Club			
Recreation	High School		Club			
	g questions must					
(The following	g questions musi	. De aliswered	and the tertifica	ation signed.)		
Have you ever been c	onvicted of a felo	ony?		_	yes	no
Has your driver's licer		•		_	yes	
If yes to either of the	above, piease ex	piain:				
Background Verification Because of a high leven conduce official backg	el of contact with			of safety, we	reserve the r	ight to
Certification I certify that the informals authorize Cecil Coach	ounty Parks and	Recreation to	conduct a back {	ground invest	igation and	perjury. I
Signature:			Da	ite:		

(or Parent Signature if minor)



PLEASE	ANSWER THE FOLLOWING QUESTIONS:
1)	AGE GROUP(S) THAT YOU WISH TO COA

I) AGE GR	ROUP(S) THAT YOU WISH TO COACE	(PLEASE CHECK ALL THAT APPLY):	
	U9 BOYS	U9 GIRLS	
	U11 BOYS	U11 GIRLS	
	U13 BOYS	U13 GIRLS	
	U15 BOYS	U15 GIRLS	
	High School Boys	High School Girls	
2) TYPE O	F COACHING POSITOIN DESIRED (PI	EASE CHECK ALL THAT APPLY):	
	HEAD COACH, Sport		
	ASSISTANT COACH, Sport	<u> </u>	
	TRAVEL, Sport		
FOR SEEING TH	IAT THIS POLICY IS ADHERED TO.	NO EXCEPTIONS. HEAD COACHES ARE RE and turn in at registration or at the coach	
A new applicati	on form is required for each seasor	1.	
officers, emplo injury aris attendance, or p	yees and volunteers from all liabilit ing from or claimed by any person oparticipation in the activity I am req while participating or attending Par	y Maryland, its elected and appointed office, actions, or causes of action, for damage or persons, in connection with, or arising for the esting for myself or my child. I give periods and Recreation activities. I understand in future publicity	es or personal from my mission to be
Signature:		Date:	
	ature if minor)		