

Lincoln County Recreation Department

Volunteer Application

Name _____ Date of Birth _____

Mailing Address _____

Phone (home) _____ (work) _____

Sport _____ Team _____

Age group preferred _____ Shirt size _____

Volunteer Position desired: Head Coach _____ Asst. Coach _____ Team Mother _____

If Asst. Coach/Team Mother please list Head Coach's name _____

OFFICE USE:

Child playing YES ___ NO ___ Child's Name _____

The Lincoln County Recreation Department reserves the right to assign coaches to teams.

Do you have experience in coaching this particular sport? Yes _____ No _____

Have you ever served as a volunteer for the Lincoln County Recreation Department?

Yes _____ No _____ How many years? _____

Have you completed any level of the National Youth Sports Coaches Assoc. Certification?

Yes _____ No _____

If so what level? Introduction _____ Sports Specific (list) _____

What other training have you received that will help you serve as an asset to the department? (1st aid, CPR, etc.)

If selected to coach, would you follow the goals, objectives and philosophy set by the Lincoln County Recreation Department? Yes _____ No _____.

I understand that if I am selected to coach I will be governed by the rules and policies set forth by the Lincoln County Recreation Department. This includes completing the NYSCA program before the regular season.

Signature

Date