



# Youth Sports Coach Application Form



**SPORT(S):** *Please check all that apply:*

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Tackle Football | <input type="checkbox"/> Volleyball   |
| <input type="checkbox"/> Running       | <input type="checkbox"/> Softball        | <input type="checkbox"/> Baseball     |
| <input type="checkbox"/> Dodgeball     | <input type="checkbox"/> Floor Hockey    | <input type="checkbox"/> Other: _____ |

Full Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian (if minor): \_\_\_\_\_

Are you 18 years or older?       Yes       No      • If under 18, list your age: \_\_\_\_\_

Do you have a driver's license?       Yes       No

Have you had First Aide, CPR or AED training?       Yes - Expires? \_\_\_\_\_       No

1. List your personal sports and recreation experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List your previous coaching experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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3. List your previous leadership experience:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe your previous work with children:

\_\_\_\_\_  
\_\_\_\_\_

5. Please list other skills, which qualify you as a youth coach:

\_\_\_\_\_  
\_\_\_\_\_

6. Are you interested in the National Youth Sports Coaches Association program, which provides training for "How to Coach", coaching your specific sport, first aid, and provides personal liability in insurance?

Yes       No

Would you be willing to invest up to eight- (8) hours video training hours and \$15 in this program?

Yes       No

7. Please prioritize the age groups you would prefer to work with (1 = highest priority, 6 = lowest). If you would prefer NOT to work with an age group, please note that.

Under age 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grades 5 <sup>th</sup> & 6 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grades K – 2 <sup>nd</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	High School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grades 3 <sup>rd</sup> & 4 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Please list three references that will attest to your qualifications as a youth coach:

	<i>Name</i>	<i>Phone Number</i>	<i>Email</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____



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I affirm the information I have provided is true and accurate, to the best of my knowledge. If contracted or hired as a volunteer, I agree to uphold the rules, regulations, mission and sportsmanship guidelines as presented by the Seward Parks and Recreation Department. I further agree to participate with the known risk of injury inherent in sports. I agree to release my name and photo likeness in relation to this specific program for promotional items or news releases to benefit the department or youth sports.

Signature

Date

Parent or guardian, if under 18

*Review information on CHR on the next page. Submit pages 1 & 2 to Sports & Recreation*

Please return this application with a copy of your Criminal History Record (CHR). You can obtain your CHR by submitting \$20.00 with proper identification at the Dispatch window of the Seward Police Department, located at City Hall. You must present your ID to the Police Department office. Submit your confidential CHR to the City of Seward Personnel Officer at City Hall. Seward Parks and Recreation Department will reimburse all volunteers who “pass” the record review and are subsequently hired. You must keep your receipt for reimbursement. We realize that this is a time-consuming procedure, but State law and City Code require this check. In any event, we all share the desire that appropriate personnel and volunteers are supervising our children.

***Please return the application to:***  
Sports & Recreation Division  
AVTEC GYM  
Seward Parks & Recreation Department  
OR  
P.O. Box 167  
Seward, AK 99664-0167

Seward Parks & Recreation Department  
Phone: (907) 224-4054 • Fax: (907) 224-4051  
[www.cityofseward.us/sprd](http://www.cityofseward.us/sprd)  
***Facebook/seward.recreation***

***~Mountains of Recreation~***