



Youth Sports Coach Application Form

Head Coach Assistant Coach

Sport(s): check all that apply: Basketball Soccer Cheerleading
 Flag Football Tackle Football Volleyball Dodgeball
 Running Softball Baseball Floor Hockey
 Other _____

Full Name _____

Physical Address _____

Mailing Address _____ City _____

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 Non-valid license

Have you had First Aide, CPR or AED training? Yes No Expires? _____

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?
O Yes O No Would you be willing to invest up to eight- (8) hours video training hours and \$15 in this program? O Yes O No

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

Under age 5 _____ Grades K – 2nd _____ Grades 3rd & 4th _____
Grades 5th & 6th _____ Grades 7th & 8th _____ High School _____

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

	Name	Phone Number	Email
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I affirm the above information 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 S&R.

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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 State Troopers' office, upstairs in City Hall. You must present your ID to the State Troopers' 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:
Seward Sports and Recreation Department
AVTEC GYM
OR
P.O. Box 167
Seward, AK 99664-0167

Seward Parks & Recreation Department
224.4054 fax 224.4051
www.cityofseward.net/sprd
Mountains of Recreation