



**Cromwell Recreation Department**

**Application for Coaching (please print)**

Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address:

\_\_\_\_\_

Past Address (if at current address less than 3 years)

\_\_\_\_\_

Position Sought (check appropriate ones)

Soccer \_\_\_\_\_

Basketball \_\_\_\_\_

Boys \_\_\_\_\_

Boys \_\_\_\_\_

Girls \_\_\_\_\_

Girls \_\_\_\_\_

Grade level \_\_\_\_\_

Grade level \_\_\_\_\_

Have you previously coached for the Recreation Department? Yes No

If yes, when and what level? \_\_\_\_\_

Have you coached with any of these Cromwell organizations in the past two years (Check what applies)

Little League \_\_\_\_\_ Youth Football \_\_\_\_\_

Travel Soccer \_\_\_\_\_ Travel Basketball \_\_\_\_\_

Have you worked in any of these Cromwell Organizations in the past two years (check what is applicable)

Boys Scouts \_\_\_\_\_ Girl Scouts \_\_\_\_\_ Religious ED \_\_\_\_\_

Do you have any certificates in First Aid or CPR? Yes No

If so which \_\_\_\_\_

Do you have a valid drivers license: Yes No

If yes, please note number and state issued by: \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crimes? Yes No

If yes, describe in full \_\_\_\_\_

Please list two references, at least one of which has knowledge of your participation as a volunteer with a youth group:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

As a condition of volunteering, I give permission for the Cromwell Recreation Department to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the department receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Cromwell Recreation Department, its employees and volunteers or any other person that may provide such information. I also understand that, prior to the expiration of my terms; I am subject to suspension by the Recreation Department for Violation of town policies, principles and regulations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Name Printed \_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_

Cromwell Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sexual orientation or disability.

Office use:

Background check completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

System used for check: \_\_\_\_\_