

CROMWELL RECREATION DEPARTMENT

**APPLICATION FOR COACHING
PLEASE PRINT**

NAME _____ HOME PHONE _____

MAIDEN NAME (If applicable) _____ Date of Birth _____

PRESENT ADDRESS _____

PAST ADDRESS (IF AT PRESENT LESS THAN 3 YRS) _____

POSITION SOUGHT (CHECK APPROPRIATE ONES)

SOCCER _____ BASKETBALL _____

BOYS _____ GIRLS _____ GRADE LEVEL _____

HAVE YOU PREVIOUSLY COACHED FOR THE RECREATION DEPT? Yes No

IF YES, WHEN AND WHAT LEVEL _____

HAVE YOU COACHED WITH ANY OF THESE CROMWELL ORGANIZATIONS
IN THE PAST TWO YEARS (CHECK THE ONES YOU HAVE)

LITTLE LEAGUE _____ MIDGET FOOTBALL _____
TRAVEL SOCCER _____ TRAVEL BASKETBALL _____

HAVE YOU WORKED IN ANY OF THESE CROMWELL ORGANIZATIONS IN
THE PAST TWO YEARS (CHECKED THE ONES YOU HAVE)

BOY SCOUTS _____ GIRL SCOUTS _____
RELIGIOUS ED _____

DO YOU HAVE ANY CERTIFICATES IN : (circle if have) FIRST AID CPR

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 PROGRAM

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 dept. 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 regardless of previous appointments, the Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Recreation Dept. for violation of town policies, principles and regulations.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT'S NAME PRINTED _____

APPLICANT'S SOCIAL SECURITY NUMBER _____

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

OFFICE USE:

BACKGROUND CHECK COMPLETED BY: _____

DATE COMPLETED: _____

SYSTEM USED FOR CHECK: _____