For Staff Use Only:					
League/Team:	Date Submitted:	CCBI Cleared:			

Raleigh Parks and Recreation Department Coaching Application Form

	9 11	
	Personal Informa	ation
Name:		Age:
Address:		
City:	State:	Zip:
Home Phone:	Cell Ph	none:
Business Phone:	E-Mail	Address:
	Emergency Informa	ation
Please Notify in an Emergency:	<u> </u>	
Special Medical Circumstances:		
	Coaching Backgro	ound
1. Please check the position you	are applying to coach:	Head Coach Assistant Coach
2. Have you previously coached v	with Raleigh Parks and R	Recreation? Yes \(\scale= \) No \(\scale= \)
If yes, which District, sport and	age group have you coach	ned?
3. Please check the sport you are	e applying to coach:	
Baseball Basketball Ch	neerleading Football	Ⅱ ☐ Hockey ☐ Lacrosse ☐ Softball ☐
4. What age group or grade level	are you applying to coac	ch?
5. Do you currently have youth pa	articipating in the athletic	program? Yes No
If YES, please fill in the following in	nformation on the player(s).	(If you have more than 2 players, please use back.)
Player 1 Name:	Player 1 League:	Player 1 Relationship to You:
Player 2 Name:	Player 2 League:	Player 2 Relationship to You:
6. Check personal playing experi	ience: Little League 🗌	High School College Pro
7. What is your coaching experie	ence?	
8. Have you attended the Americ	an Sports Education Pro	ogram (ASEP) training? Yes No
If yes, please list approximate	date of training:	

Coach's Agreen	ient	
I agree if I am selected to serve as a Head Coach of a team: (Pleas	se initial each statement indicating r	esponsibility.)
I will attend all coach meetings or send a representative.		
I will attend the ASEP (American Sports Education Program) training	during my first season of coaching.	
I will read, understand and abide by all league rules and Raleigh Park	s & Recreation, Youth Athletic Philosophy & Co	ode of Conduct.
I will be responsible for the return of all equipment and coach badges		
I will be responsible for my team's and coach's conduct on the field/co	ourt.	
I will be responsible for my team's parents conduct during a game.		
I will set a good example for the players and parents on my team.		
Please answer the following questions:		
1. What is your general coaching philosophy for coaching a $\underline{\text{recreational}}$ youth team?		
Confidentiality Ag	greement	
I understand that associated with my coaching responsibilit Department, I may have the right to know certain personal participants that I may work with. I agree to hold all information to unauthorized partie relevant to the specific service requested.	and confidential information rega ation I may have access to confid	arding dential and will
I understand that I am not authorized to take photographs/\approval from my league manager, for the sole use of Rale understand that if authorized to take photographs/video, I ninformation regarding any participant and/or staff.	igh Parks and Recreation Depar	tment. I
By signing below, I acknowledge that I understand that sha parties may subject me to disciplinary action up to suspens with Raleigh Parks and Recreation Department.	•	
Applicant's Signature:	Date:	<u> </u>

CITY OF RALEIGH PARKS & RECREATION INVESTIGATIVE BACKGROUND CHECK

TO BE COMPLETED BY APPLI	ICANT'S SUPERVISOR		PLEASE PRINT					
Supervisor Name/Phone #:				Position of	Applicant::			
Program or Sport:		Work Location:						
Briefly describe Position duties	and responsibilities (include %	of time in contact with ch	nildren or in supervisory	rolle over participan	ts; % of time left unsu	pervised by full time	staff; other major	
responsibilities):								
Driving City/Personal Vehicle:	Yes No	Requires Handling Cit	ty Funds: Yes	No 🗌	Applicant will be:	Paid	Volunteer [
Name:								
Last		First		Full Middle		Maiden		
Driver's License Number:		Issuing Stat	te:	Home Phone	# or Cell Phone #:			
Date of Birth: /	- /	Sex: Male:	Female:	Race:				
Social Security Request and Stateme City of Raleigh Parks & Recreation Do								
full 9-digit Social Security number.	Social Security Number (last	4 digits):						
Address History: Please list resi	dential addresses for the past 1	10 years. Use back of fo	orm or separate sheet , if	necessary.				_
Current Address:								
Street Add	Iress			Length of Time	e at this Residence			
	0"							
Previous Address:	City	State		Zip				
Street Add	dress			Length of Tim	e at this Residence			
				•				
	City	State		Zip				
Prior Address:								
Street Add	dress			Length of Tim	ne at this Residence			
	City	State		Zip				
Have you ever served time in pri applying for will be considered.			squalify you from employ	yment. The date ar	nd nature of the offens	se and the type of jol	b for which you are	
, , , , , , , , , , , , , , , , , , ,	Yes:	No:						
Have you ever been convicted of applying for will be considered.		nse does not automatical	lly disqualify you from en	nployment. The da	te and nature of the o	ffense and the type o	of job for which you	are
AUTHORIZATION FOR BACKGF I hereby certify, by my original sig Department of Corrections, and S statements or falsification of infor a volunteer. Information found ar eligibility to continue in my capaci	nature below, that the informat Sex Offender Registry check on mation will result in disqualifica nd not previously disclosed by r	my background while I a tion of employment. I ur ne, or information made	am employed or volunted nderstand that the City w available which was pre	ering with the Parks ill routinely perform	and Recreation Depa background checks of	artment. I understanduring the period of e	nd that providing falsemployment or servi	
		Applicant's Sign	nature			Date		
		TO BE COMPLETED E	BY 608 BUSINESS OF	FICE STAFF				
AOC Check:	National Sex Offender		NC DOC Incarce		Out of	State Check (If A	pplicable):	
No Arrest Record Arrest Record Attached	Negative Positive		No Incarcera			State(s) Date Submitted		