

THOMSON-MCDUFFIE RECREATION & LEISURE SERVICES

VOLUNTEER COACHES APPLICATION

PLEASE PRINT CLEARLY

NAME _____

HOME ADDRESS _____ CITY _____

HOME TELEPHONE _____ BUSINESS PHONE _____

OCCUPATION _____ COMPANY _____

Will you have a child playing a youth sport this year? YES _____ NO _____

What sport or sports you like to coach? (BASKETBALL) (BASEBALL) (SOCCER) (FOOTBALL)
(T-BALL) (CHEERLEADING) (SOFTBALL)

Will you prefer to coach your own child? YES _____ NO _____

Which age group would you prefer to coach? _____

Have you played any sports before? YES _____ NO _____

If so, what sport(s)? _____

Have you worked with 6-18 year olds before? YES _____ NO _____

If yes, when and where? _____

Will you be able to spend four to six hours per week necessary to coach a youth team? YES ___
NO _____

Why do want to coach a youth team? _____

List three references of who would know about your coaching or playing experience:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the undersigned understand that as a coach of the youth league that I will be expected to follow all the rules and regulations as set forth by the Thomson-McDuffie Recreation & Leisure Services Department. I also understand that failure to comply with all rules can result with my termination as a volunteer coach. The Thomson-McDuffie Recreation & Leisure Services Department does not discriminate in the selection of its coaches regarding race, color, religion, sex national origin or handicap status.

Signature _____ Date _____



**OFFICE OF SHERIFF
McDUFFIE COUNTY, GEORGIA**

**NAME-BASED CRIMINAL HISTORY
RECORD INFORMATION CONSENT/INQUIRY**

I hereby give consent for the McDuffie County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90/180/ _____ (circle one) days from the date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check One)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia Criminal History Record Information</i>
<input type="checkbox"/>	Employment with Mentally Disabled (M) – Provides <i>Georgia Criminal History Record Information</i>
<input type="checkbox"/>	Employment with Elder Care (N) – Provides <i>Georgia Criminal History Record Information</i>
<input type="checkbox"/>	Employment with Children (W) – Provides <i>Georgia Criminal History Record Information</i>
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions Only</i>

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC warrant. Contact agency below.
Wanted By (Agency Name):	
Agency Telephone:	

MCSO Employee's Signature

Title

Date