

HURLBURT YOUTH PROGRAMS

COACHES APPLICATION

Name: _____ Age: _____ SSAN: _____ Rank: _____

Home Address: _____ Home Phone: _____

Unit/Office Sym: _____ Duty Phone: _____

ALL APPLICATIONS WILL RECEIVE A LOCAL INSTALLATION RECORDS CHECK (IRC) AND DEFENSE CRIMINAL INVESTIGATIVE INDEX CHECK (DCII).

1. I (FULL NAME) _____ STATE THAT I HAVE NO HISTORY OF, CONVICTION OF, ADMISSION TO OR EVIDENCE OF ACTS OF CHILD ABUSE, MOLESTATION OR NEGLECT INVOLVING A CHILD, AND DRUG OR ALCOHOL ABUSE. (SIGN) _____.

2. (CIRCLE) YOUTH COACH / ASSISTANT COACH / TEAM PARENT

3. SPORTS INTERESTED IN COACHING (CIRCLE):

- A. BASEBALL B. BASKETBALL C. CHEERLEADING D. FLAG FOOTBALL
- E. SOCCER F. IN-LINE HOCKEY G. SOFTBALL H. _____

*****NOTE*** ALL COACHES MUST ATTEND THE COACHES CERTIFICATION PROGRAM PRIOR TO THEIR FIRST PRACTICE OR TEAM MEETING.**

4. EXPERIENCE IN YOUTH ATHLETICS:

SPORT	LEAGUE	CAPACITY	YEAR	LOCATION	REFERENCE	PHONE

5. WHY DO YOU WISH TO VOLUNTEER IN HURLBURT YOUTH PROGRAMS?

6. AGE GROUP / DIVISION YOU WISH TO COACH: _____

7. DO YOU HAVE A CHILD PARTICIPATING IN THIS SPORT: YES / NO

8. DO YOU WANT TO COACH YOUR CHILD: YES / NO

*****READ AND SIGN*** AS A LEADER IN HURLBURT YOUTH ATHLETICS I AGREE TO ACCEPT THE RESPONSIBILITIES OF PROVIDING COMPETENT LEADERSHIP, GOOD SPORTSMANSHIP AND A WHOLESOME LEARNING EXPERIENCE FOR EVERY CHILD. I REALIZE THAT I MUST ABIDE BY THE RULES AND POLICIES APPROVED OR ADOPTED BY HURLBURT YOUTH ACTIVITIES. I UNDERSTAND THAT I CAN NOT TRANSPORT CHILDREN TO OR FROM PRACTICES OR GAMES AND I CAN NOT HOLD PRACTICES OR ANY OTHER ACTIVITIES AT MY HOME OR ANYONE ELSE'S HOME.**

APPLICANTS SIGNATURE / DATE _____