

Morehead City Parks & Recreation Department
VOLUNTEER COACHING APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone # _____ Evening Phone # _____

Fax # _____ Email Address _____

Date of Birth _____ Driver License # (State) _____

1) Circle the highest year of education completed:

High School 9 10 11 12 College 1 2 3 4 5 6 7+

2) Employer _____ Position _____ Supervisor _____

3) Why do you want to coach youth basketball? _____

4) Have you played basketball? ___ Level: Recreation Jr. High High School College

5) Have you coached basketball? ___ How many years? ___ Level: Recreation Scholastic

6) What other sports have you coached?

Sport	Age Level	Sponsoring Agency	Time Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Have you had any formal training as a youth sports coach? ___ If yes, please describe in detail below (i.e.: PE Degree, ACEP Course, NYSCA Cert., Clinics):

Name of Course/Clinic	Sponsoring Agency	Location	Date(s)
_____	_____	_____	_____
_____	_____	_____	_____

8) Do you have any medical condition that may affect your ability to coach? _____

9) Please rate your knowledge of the following topics with regard to this sport of basketball by circling the appropriate number:

1=You know very little about it

2=You have reasonably good knowledge about it

3=You know a great deal about it

1 2 3 Rules of basketball

1 2 3 Principles for teaching basketball skills

1 2 3 Developing sportsmanship

1 2 3 Warm-up & physical conditioning

1 2 3 Communication skills

1 2 3 Skills and strategies of basketball

1 2 3 Injury prevention and treatment

1 2 3 Organizing practices

1 2 3 Equipment needs and specifications

1 2 3 Managing time

1 2 3 Working with parents

1 2 3 Legal duties

9) Are you currently or have you ever been suspended from youth sports coaching? _____

If yes, please describe the suspension (dates, suspending agency, reason & length of suspension):

11) Have you ever been convicted of a felony or a crime? _____

If yes, please explain: _____

REFERENCES

Name	Address	Phone	Years Known
------	---------	-------	-------------

I state that the information I have given is true to the best of my knowledge. FURTHER, I understand that the Morehead City Parks and Recreation Department will obtain a CRIMINAL BACKGROUND CHECK through the Carteret County Clerk of Court's Office or the Morehead City Police Department.

As a volunteer, I further understand that I am not entitled to workers compensation, medical benefits, sick leave benefits, pension benefits, or any other benefits which accrue to the Town of Morehead City employees. Also, I hereby release the Town of Morehead City from any claims for any such benefits or for any other claims arising from the activities of the volunteer.

Volunteer's Signature

Date