



## Coaches Application

(Use black or blue ink & print neatly)

Applicant Name: \_\_\_\_\_ Sport: \_\_\_\_\_

\_\_\_\_\_ Applicants Childs Name: \_\_\_\_\_ Preferred Age \_\_\_\_\_

Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employed by: \_\_\_\_\_

Can you be contacted at work? YES or NO      If (YES) Work #: \_\_\_\_\_

Have you ever coached with Putnam County Parks and Recreation before? Yes \_\_\_\_\_ No \_\_\_\_\_

Coaches jersey size. \_\_\_\_\_

I understand that if I am selected to coach, I will be governed by the rules and policies of the Putnam County Parks and Recreation Department for the sport involved. I UNDERSTAND THAT FAILURE TO COMPLETE/PASS BACKGROUND CHECK OR FAILURE TO COMPLETE CERTIFICATION PROCESS WILL RESULT IN LOSS OF COACHING PRIVILEGES.

I acknowledge that the Putnam County Parks and Recreation Department may choose to deny me unsupervised access to a child or children pending the completion of the background check; and I further agree to hold the Putnam County Parks and Recreation Department harmless regarding any liability for defamation, invasion of privacy or any other claim based upon good faith action taken pursuant to the provisions of this consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Putnam County Parks & Recreation**  
Consent/Release Form

Name of Organization: Putnam County Parks & Recreation Department

Applicant's Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_