

Martinsville Parks & Recreation Dept.

COACHING APPLICATION

746 B Indian Trail
Martinsville, VA 24112
Phone: 403-5140 Fax: 403-5376

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE (HOME): _____

CITY/STATE//ZIP: _____ TELEPHONE (BUS): _____

EMAIL: _____ TELEPHONE (CELL): _____

* PROVIDE ALL ADDRESSES YOU HAVE LIVED FOR LAST 10 YEARS (use additional pages if necessary)

Address: _____ City/State/Zip: _____ Dates: ___ to ___

Address: _____ City/State/Zip: _____ Dates: ___ to ___

1. Do you have a valid driver's license? ___ Yes ___ No
State: _____ Number: _____
2. What sport do you want to coach? _____ Have you played the sport? ___ Yes ___ No
3. Have you ever coached the sport? ___ Yes ___ No
If Yes, where ? _____ What ages ? _____
4. Do you have any formal training as a coach?..... ___ Yes ___ No
If Yes, please describe: (NYSCA, ASEP, other) _____
5. Have you ever received treatment for alcohol or drug abuse ? ___ Yes ___ No
6. Have you ever had charges brought against you for child molestation, abuse, or neglect? ___ Yes ___ No
7. Do you have Basic First Aid training? If so, what ? _____
8. Have you ever been arrested or convicted of an offense other than a minor traffic violation? ___ Yes ___ No
If yes, explain fully on an additional sheet.

9. Please list the name, address, and phone number of two persons who know you sufficiently well to comment on your past coaching or you as a potential.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

If accepted for a coaching position, I hereby agree to abide by the Martinsville Parks & Recreation Department philosophies, rules, and regulations. I understand that the information which I have furnished herein is subject to verification, which may include a criminal background check and reference interviews. My signature below is my consent to authorize reference interviews and a background check.

Signature: _____ Date: _____