

# Seymour Johnson AFB Youth Sports Coaching Application

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Work Email: \_\_\_\_\_ Home Email \_\_\_\_\_

Duty# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Check one only: Head Coach \_\_\_\_\_ Assistant \_\_\_\_\_ with \_\_\_\_\_

### Check the sport you wish to coach. Prioritize which age group you wish to coach:

Basketball 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

Baseball 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

Softball 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

Soccer 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

Cheerleading 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

**Are you planning to coach your child?** If so, provide child's first and last name.

Child's first and last name (if different): \_\_\_\_\_ Age: \_\_\_\_\_

How many years have you coached? \_\_\_\_\_ Where else have you coached and what sports? \_\_\_\_\_

Describe your knowledge in the sport you desire to coach: \_\_\_\_\_

### References:

1) Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

### Criminal Disclosure

- a) Have you ever been convicted of any felony or misdemeanor criminal offense? Y/N \_\_\_\_\_
- b) Are you currently under investigation, indictment, awaiting trial, verdict or sentencing in any criminal proceeding? Y/N \_\_\_\_\_
- c) Do you have any criminal arrest or citation which has yet to be adjudicated? Y/N \_\_\_\_\_
- d) Are you a fugitive from Justice? Y/N \_\_\_\_\_
- e) Are you presently on parole or probation? Y/N \_\_\_\_\_
- f) Have you ever been convicted of child abuse? Y/N \_\_\_\_\_

The final selection of coaches is determined by experience, previous history with youth sports and availability of positions. In accepting a volunteer position in the youth program you agree to abide by the policies set forth by Youth Services and understand a background check for child and drug abuse is required. Background check form is attached. Please fill out completely.

I, the undersigned, desire to volunteer my services to the Seymour Johnson AFB Youth Program. I expressly agree that such services are offered at no cost to the US government or any instrumentality thereof. I expect no present or future compensation as a result of the services to be performed by myself. I understand that the performance of services entitle me to no compensation, either in pay or benefits, and I agree that I shall not present any claims against the United States or any agency, instrumentality, or employee thereof.

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