NELSON COUNTY PARKS & RECREATION

Phone: 263-7130 Fax: 263-6022

> jwest@nelsoncounty.org dvaughan@nelsoncounty.org

COACHING APPLICATION

P.O. Box 442 8445 Thomas Nelson Hwy.

Lovingston, VA 22949

Signature:		Date:				
regulations. I understand that the information w	hereby agree to abide by the Nelson County hich I have furnished herein is subject to vereiviews. My signature below is my consent t	erification, which m	ay include a	criminal		
Name	Address		Phone			
(A conviction does not mean you c	victed of an offense against the Law other than cannot coach. The offense and how recently yo Yes No (If hone number of two persons who know you such.	ou were convicted was f yes, explain fully o	ill be conside on a additiona	l sheet)		
	If so, what?					
6. Have you ever had charges brought	against you for child molestation, abuse, or ne	eglect?Yes	No			
5. Have you ever received treatment for	or alcohol or drug abuse?	Yes	No			
If Yes, please describe: (NYSCA	, ASEP, other)					
4. Do you have any formal training as	a coach?	Yes	No			
If Yes, where?	What ages?					
3. Have you ever coached the sport? .		Yes	No			
	Have you played the sp	port?Yes	No			
State:Number:						
	e?					
	City/State/Zip:					
	City/State/Zip:	·		• ,		
* PROVIDE ALL ADDRE	ESSES YOU HAVE LIVED FOR LAST 10 YI	FARS (use addition	al pages if ne	ececary)		
	1 <i>BBB</i> 1110	112 (0222)				
EMAIL:						
		TELEPHONE (WORK):				
ADDRESS:	TELEPHO	TELEPHONE (HOME):				
NAME:	DATE OF	DATE OF BIRTH:				

COACH'S CODE OF ETHICS

I will place the emotional and physical well being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will be knowledgeable in the rules of each sport that I coach, and

I will teach these rules to my players.

I will use those coaching techniques appropriate for all of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children and not adults.

I will inform myself and abide by all rules, regulations, and policies set forth by the Nelson County Parks and Recreation Department during my coaching experience.

By signing the <u>Coach's Code of Ethics</u>, I will fulfill my duties listed above to coach the youth sport for the Nelson Co. Parks and Recreation Dept.

Signature:			_
Date:			

Volunteer Inquiry Release

This is to notify you that a criminal background check will be conducted on you for volunteer purposes.

By signing this release, I hereby authorize the County of Nelson's designated background check agency to contact any and all law enforcement agencies: city, state and federal courts; and/or military services and authorize any relevant sources to release information about my criminal record and/or other general public records.

I release from liability everyone in a position to release such information and indemnify the inquiring company against any liability that may result from making such requests. This release shall remain in effect for the length of my volunteer services.

Please list your addresses for the past 5 years by date beginning with the most recent. If you are not able to recall the complete address, just note the city and state.

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Address		From	То
Address		From	То
Address	-	From	То
Address		From	То
Address		From	То
Address		From	То
Print Name			
Signature		Date	
Date of Birth	Social Security Number	er	