

VOLUNTEER COACH APPLICATION



play at home

558 East Castle Pines Parkway, Suite B4-165, Castle Pines, CO 80108
303-957-1512 (voice mail/fax) - play@castlepinesathletics.com - www.castlepinesathletics.com

| | | |
|---|--|---|
| Name (Last, First) _____ | | Date: _____ |
| Address: _____ | | E-mail: _____ |
| City: _____ | Zip: _____ | |
| Castle Pines Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | CPN Neighborhood: <i>(i.e. Forrest Park, HOA1, etc.)</i> | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home phone: _____ | Date of Birth: (m/d/year) | Emergency Contact(s): |
| Cell phone: _____ | | Home phone: _____ |
| Current Employer (or most recent) and Job Title: | | Cell phone: _____ |
| Address: _____ | May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies or Special Needs: |
| City: _____ | | |
| Supervisor: _____ | | |
| Season: _____ | Age/Grade: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would like to volunteer to be a coach for _____ (soccer, t-ball, etc.) | I have been a resident of Colorado for _____ years. | |
| Preferred Practice Time/Day: _____ | | Are you aware that Castle Pines Athletics is a recreational program only and is NOT a youth sports competitive sports program? <input type="checkbox"/> Yes <input type="checkbox"/> No |

REFERENCES:
List below two persons not related to you who know your experience relevant to volunteer activity and your ability to work with children.

| | |
|----------------|--------------------------|
| Name: _____ | Phone Numbers: _____ |
| Address: _____ | Year's Acquainted: _____ |
| City: _____ | Relationship: _____ |
| Name: _____ | Phone Numbers: _____ |
| Address: _____ | Year's Acquainted: _____ |
| City: _____ | Relationship: _____ |

PLEASE MAKE SURE TO COMPLETE THE CRIMINAL BACKGROUND SECTION ON PAGE 2.

Castle Pines Athletics Recreational Youth Sports Program
VOLUNTEER COACH APPLICATION

CRIMINAL BACKGROUND:

Have you EVER been convicted of any violation of the law, misdemeanor and/or felony (including a plea of "guilt" or "no contest")?

If yes, give date(s)/offense(s) _____

Have you EVER been convicted of any type of sexual crime or misconduct or abuse concerning a minor (including a plea of "guilt" or "no contest")?

If yes, give date(s)/offense(s) _____

SIGNATURE:

I, _____, certify that all information provided in this volunteer application is true and complete.

I understand that Castle Pines Athletics, LLC, may investigate my criminal record and that an investigation consumer report may be prepared whereby information is obtained if I serve Castle Pines Athletics, LLC, in a "Position of Trust."

I hereby release Castle Pines Athletics, LLC, and all person supplying information to Castle Pines Athletics, LLC, from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize my current employer and references to speak freely to representatives of Castle Pines Athletics, LLC, and to provide whatever information is required.

I understand that Castle Pines Athletics, LLC, does not provide coverage for medical expenses for volunteer coaches in the event that I am injured while being a volunteer coach. I fully understand that I must provide my own medical coverage in the event that I am injured while coaching for Castle Pines Athletics, LLC. I also understand that Castle Pines Athletics, LLC, provides liability insurance to volunteer coaches in the event that a player is injured.

I understand that my services are being offered on a volunteer basis only, without anticipation of financial remuneration and I indemnify and hold harmless Castle Pines Athletics, LLC, and its owners, employees, contractors, players, and other volunteers from, and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused.

I have fully read and understand, and by my signature, consent to these statements.

SIGNATURE: _____

DATE: _____

DRIVER LICENSE NUMBER/STATE: _____