

SEMINOLE COUNTY
RECREATION DEPARTMENT
808 Gip Avenue
Donalsonville, Georgia 39845
229-524-2890(office) 229-400-1304(cell)
www.seminolerecreations.com

VOLUNTEER COACH'S APPLICATION

Complete and return to the Seminole County Recreation Department at the address above.

Please check the sport and age group you would like to coach:

Baseball: _____ Basketball: _____ Softball: _____ Football: _____ Cheerleading: _____ Soccer: _____

Ages: 5-6 _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14 _____ 15-17 _____

APPLICATION IS NOT COMPLETE WITHOUT COMPLETING THE CONSENT AND AUTHORIZATION FOR BACKGROUND RECREATION.

Participant's Name: _____ Male _____ Female _____

Address: _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email Address _____ Date of Birth _____

Emergency Contact _____ Relationship _____

Emergency Phone Numbers _____

Shirt Size: Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____ Other _____

List any felony that you have ever been convicted with or which you are now charged with:

List any misdemeanor that you have been convicted of in the past five years:

List any misdemeanor for which you have been imprisoned:

List the name and telephone number of at least two references:

List any special talents, experiences, certifications, or licenses that may be useful to the recreation department:

I hereby certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand that my attendance at local coaches' clinics is mandatory and I will equally place the highest value in coaching the fundamentals to each player. I also understand that I must abide by the policies, procedures, and rules set by the Seminole County Recreation Department. I fully understand and agree to these conditions.

Signature of Applicant

Date

(If you believe that any of your answers require further explanation, please do so on the back of this application. A criminal history does not necessarily bar an application from coaching. The final decision on coaches is made by the Seminole County Recreation Board.)

**SEMINOLE COUNTY SHERIFF'S OFFICE
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize _____ (who is requesting record) to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia.

Full Name PRINTED: _____

Other Names Used: _____

Address: _____

City/State/Zip: _____

Sex: ____ Race: ____ Birth Date: _____ Social Security Number: _____

Special employment (or volunteer) Provisions: (Check if applicable)

_____ Employment with mentally disabled	Code M
_____ Employment with elderly care	Code N
_____ Employment with Children	Code W
_____ Foster parent or other DFACS request	Code E
_____ Other	Code E

This authorization is valid for 60 days unless otherwise noted.

____ This authorization is valid for 90/180 or other ____ (circle one) days from date of signature.

____ I _____ (please sign), give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature: _____ Date: _____

(Below to be filled out by officials only)



Date ran GCIC: _____ by: _____

Record found: _____ no _____ yes: SID: _____

Misc: _____

If an adverse decision is made against the person whose record is obtained, he/she shall be informed that:

- * That a record was obtained
- * The specific contents of the record
- * The effort the record had upon the decision