



BUFFALO
GROVE
PARK
DISTRICT

YOUTH COACH APPLICATION

(Interested Head Coaches Only)

Date Submitted _____

Name _____ Home Phone _____

Home Address _____ Work Phone _____

City _____ Zip Code _____ Cell Phone _____

E-mail (required) _____ Is this for your son or daughter? _____

What sports are you applying for?

Basketball _____ . What grade is your child *currently* in _____ ?

Flag Football _____ . What grade *will* your child be in *Fall* _____ ?

Spring Soccer _____ . What grade is your child *currently* in _____ ?

Fall Soccer _____ . What grade *will* your child be in the *Fall* _____ ?

COACHING BACKGROUND

Have you played this sport? NO YES, number of years _____

Have you coached this sport before? NO YES, number of years _____

Last season that you coached? _____

Any formal training as a coach? NO YES

Please list _____ (PE Degree, Coaching Courses, NYSCA, ASEP)

Please describe any informal training that would help you coach (reading books, watching sports, videos)

Please list the names of two persons who know you sufficiently well to comment on your past coaching or your potential as a coach. **Buffalo Grove Park District staff cannot be used as references.**

Name

Cell Phone

Email Address

1. _____

2. _____

ALL INFORMATION ON APPLICATION MUST BE FILLED OUT TO BE CONSIDERED

Criminal Background Check Release Form - Volunteer

Please Complete All Information Below *(Please Print Legibly or Type)*

Last Name (Full Legal): _____

First Name (Full Legal): _____

Middle Initial: _____ Date of Birth: _____ / _____ / _____ Sex: _____

Race: _____ *(A=Asian/Pacific Islander, B=Black, I=American Indian/Alaskan Native, H=Hispanic, W=White, U=Unknown)*

Criminal Background Check Release Form

I understand that a successful criminal background check is a condition of volunteering with the Buffalo Grove Park District and that while I may be allowed to work\volunteer after a criminal background search has been initiated, such duties will be conditional pending the return of the results of said search to the Buffalo Grove Park District, at which time my association with the District may be terminated without liability by the District in the event that the results of the search reveal a conviction or convictions for any one or more of the prohibited offenses.

I consent to the Buffalo Grove Park District obtaining my criminal conviction history from the Illinois State Police or the FBI.

I understand I will be provided a copy of the criminal background check if any felonies within the last seven years are reported, and my duty under the law to notify the Buffalo Grove Park District within 7 working days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Buffalo Grove Park District, its commissioner, officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

I have read and fully understand this release form.

Signature: _____ Date: _____

Printed Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Buffalo Grove Park District Department: _____ Basketball(CB)_____ Flag Football(TW)_____ Soccer(CE)