

## **COACHING/VOLUNTEER APPLICATION**

All coaches/volunteers are required to complete and pass a background check before coaching a Coffeyville Recreation Commission team or any team associated with the CRC. All questions must be answered!!!

(CR	(CRC Representative)		(Volunteer/Coach)		(Date)
CRO	C who are responsible for	accepting and/or super	vising volunteers.		
rea	sonable means, including	but not limited to local	, state, national and intern	ational criminal back ground checks ar	
-					
	This application form is valid for the current program only; a new form must be submitted for all subsequent programs.  By submitting this application form, I affirm that all the foregoing information I have provided is true and correct.				
	CRC can deny my request to serve as a volunteer. Submission of this application in no way guarantees a volunteer position.				
I, the Volunte	eer, understand and agre	e:			
		·	read and understand this v	vaiver agreement.	
insurance and	d workers compensation a	re not provided by the	CRC and I hereby agree to	assume full responsibility for any and	
	-	, -		aid volunteering. Furthermore, I do ur	
	_	-		volunteer for the Coffeyville Recreation old the CRC, City of Coffeyville, and U	
If yes, plea	se explain:				
•	•	•	tance abuse problem?		
-					
•		_			
Have you b	peen convicted of a m	isdemeanor during	the past 5 years?	YES □ NO	
During you	ır lifetime, have you e	ver been convicted	l of a felony?	□NO	
Name		Address		Phone Number	
<del> </del>					
Name		Address		Phone Number	
Referen	ices: List two (2) refei	ences not related t	o you or to each othe	r.	
Employer:				City, State, Zip:	
Email Addr	ess:				
i i cvious A	(If not a	t current address f	or 5 years)	City, State, 21p	
Previous Address: (If not at current address for 5 years)					
Address: Cell Phone:					
Address:				City, State, Zip:	
Name	(Last)	(First)	(Middle)	Division:	
Namo					
Volunteer Sport/Position Desired:				Date:	

www.coffeyvillerec.com

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