



## Recreation Coach Application

### Personal Information:

First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Contact : Text Call Email Any

### \*Division:

Basketball:  3-6y  6-9y  9-11y  11-14y

Baseball:  T-ball  Coach Pitch  10-12

### \*Desired Position:

Head Coach  Assistant Coach

\*Desired Position not guaranteed\*

\*All coaches must submit an application in order to sit on the team bench.

\*Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Shirt Size: AS AM AL AXL AXLI other \_\_\_\_\_

Name and Age of dependent children in the program

Childs Name

Age

Childs Name	Age

By submitting this application I \_\_\_\_\_, hereby agree to a criminal background check done by the Carrollton Township Police Department via I-Chat.

I also hereby agree to abide by the Carrollton Recreation Department's Code of Conduct and I also agree to abide by the Carrollton Township Sportsmanlike Conduct Ordinance (Sec.30-160). Which if violated, may result in a municipal civil infraction ticket and/or removal from participation or coaching at any sporting events or activities sponsored by the Carrollton Township Recreation Department.

I understand completing this application does not guarantee a coaching position.

Players who are automatically placed on certain coach teams will be their children and or grandchildren. All other players must be drafted.

Applicant's Name (printed) \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CARROLLTON TOWNSHIP

## Carrollton Township Consent Form to Obtain Conviction Criminal History File Searches

As a prospective volunteer/employee of the Carrollton Township Recreation Program, I understand that it is the policy of the Carrollton Township to secure conviction criminal history information as part of the screening process using the information provided below. **(This form has been developed for your safety and the safety of other volunteers and children involved with the Carrollton Township Recreation Program).**

**\*\*\*PRINT ONLY\*\*\***

NAME \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name//Names Previously used \_\_\_\_\_

Driver's License # \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_

Sex: Male \_\_\_\_\_ Ethnicity: White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_

Female \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Unknown/Other \_\_\_\_\_

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan, and by the Federal Bureau of Investigation. I authorize the Township of Carrollton to utilize the above information for the sole purpose of obtaining conviction only criminal history file searches. The township will also be checking the sexual offenders' website.

I understand that information gathered in these criminal history file searches will be used by the Carrollton Township Recreation Program in reaching voluntary/employment status decisions.

\_\_\_\_\_  
(Signature of Prospective Volunteer/Employee)

\_\_\_\_\_  
(Date)