



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

Cheerleading: 3rd-5th grade 6th-8th grade

***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

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)