



Davidson County Recreation and Parks Department
 310 East Center Street
 Lexington, NC 27293
 Phone: (336) 242-2286 Fax: (336) 242-2254

Volunteer Coach Application

Booster Club Affiliation: _____

Name: Last _____ First _____ Middle _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Sex: Male _____ Female _____

Have you ever volunteered for the Davidson County Recreation and Park Department before? Yes _____ No _____ If yes, when:

Have you ever been convicted as an adult for a violation of the law? Yes _____ No _____ If yes, please explain in detail:

Coaching Preference
 (Check All That Apply)

Boys _____ Girls _____

| Football | Soccer | Basketball | Baseball | Softball |
|---------------------|--------------------|---------------------|--------------------|--------------------|
| Peewee _____ | 10 and under _____ | Instructional _____ | 10 and under _____ | 10 and under _____ |
| Little League _____ | 12 and under _____ | Little League _____ | 12 and under _____ | 12 and under _____ |
| | 14 and under _____ | Junior League _____ | 14 and under _____ | 14 and under _____ |
| | | Senior League _____ | | |

By my signature below, I verify that information I have provided is true and complete. I also confirm that I will notify and update the Davidson County Recreation and Parks Department of any changes to the information provided. I further authorize the Davidson County Recreation and Parks Department to conduct a criminal background check with the complete understanding that all information provided by me will be kept confidential.

Signature: _____ Date: _____

For Office Use Only

Background Screening Completed: _____ Application _____ Accepted _____ Denied