

**YARMOUTH COMMUNITY SERVICES**  
**2011 VOLUNTEER YOUTH LACROSSE COACH APPLICATION**

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I give YCS permission to release the following contact information to parents (check all that apply):

Email     Home Phone     Cell Phone     Work Phone

**Coaching:**

Level you are interested in coaching:     3/4 Girls     5/6 Girls     3/4 Boys     5/6 Boys

Position Desired:                      Head Coach \_\_\_\_\_                      Assistant Coach \_\_\_\_\_

Name the person you wish to coach with: \_\_\_\_\_ (He/She must also complete this form)

Your reason for volunteering: \_\_\_\_\_  
\_\_\_\_\_

**Previous Experience:**

Instructional Leadership of Children (explain): \_\_\_\_\_  
\_\_\_\_\_

Coaching Education: Courses \_\_\_\_\_ Clinics \_\_\_\_\_ Books \_\_\_\_\_ Videos \_\_\_\_\_

Other \_\_\_\_\_ (explain): \_\_\_\_\_

Coaching:	Sport	Year(s)	Agency
_____	_____	_____	_____
_____	_____	_____	_____

**References:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____

I am aware that I will be subject to a Criminal Background Check (see next page).

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

**Town of Yarmouth  
Background Check Authorization Form**

I, \_\_\_\_\_, understand that in order to assess my qualifications for the position of volunteer coach, a full criminal background investigation is necessary. I, therefore, authorize the Town of Yarmouth/Yarmouth Community Services to conduct an investigation in order to obtain information concerning my criminal background.

I understand that a consumer report may be prepared summarizing the above information. I may request a copy of any report that is prepared regarding me from the consumer reporting agency and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that proper identification will be required and that I should direct my request to:

**Equifax Credit Information Services, Inc  
P.O. Box 740241  
Atlanta, GA 30374**

I hereby release any individual, entity and the municipality from all claims of liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

All the information and materials I have provided to the Town of Yarmouth as part of the employment process are accurate and truthful. I realize that providing the municipality with false information or intentionally withholding relevant information regarding my application may be grounds for dismissal.

Applicant Name (Print) \_\_\_\_\_

Maiden Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_