



CITY OF PALMDALE

RECREATION & CULTURE

**ALL CANDIDATES MUST BE FINGER PRINTED AND CLEARED TO BE CONSIDERED AS A COACH.
 PLEASE CALL 661/267-5400 TO SET-UP AN APPOINTMENT.**

INTENT TO COACH APPLICATION

Name:			
Address:		City:	Zip:
Primary phone number:		Secondary phone number:	
Will you be coaching your own child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of your child:			Age:
Name of your child:			Age:
Please select the age group you are interested in coaching:			
<input type="checkbox"/> 7-8 Coed <input type="checkbox"/> 9-10 Boys <input type="checkbox"/> 9-11 Girls <input type="checkbox"/> 11-12 Boys <input type="checkbox"/> 12-14 Girls <input type="checkbox"/> 13-14 Boys			
PREVIOUS COACHING EXPERIENCE			
Have you coached for Palmdale Recreation & Culture in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, list the sport, age division and year that you coached:			
Sport:		Age division:	Year:
Sport:		Age division:	Year:
Sport:		Age division:	Year:
IF NO, list all previous coaching experience:			
Sport:	Age division:	Year:	League:
Sport:	Age division:	Year:	League:
Sport:	Age division:	Year:	League:
Sport:	Age division:	Year:	League:
Sport:	Age division:	Year:	League:

–PLEASE COMPLETE SECOND PAGE OF APPLICATION–

1. Why are you interested in coaching? _____

2. Provide a brief description of your main goals as a youth coach, and your coaching philosophy for young athletes:

3. Please describe your strengths and weaknesses as a coach:

4. Have you ever been ejected or otherwise disciplined for coaching or spectator conduct at a youth athletic event? YES / NO. If yes, please explain:

5. What experience or knowledge do you possess other than coaching that makes you qualified to coach young athletes?

6. How much importance do you place on winning? Why?

Thank you for taking the time to fill out the coaching application. Please return it to the City of Palmdale Recreation & Culture Sports Division for review. Selected coaches will be contacted 2-3 weeks before practices begin. If you have any questions regarding the coaching process, please contact us at 661/267-5611.



VOLUNTEER COACH APPLICATION

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Mailing address (if different): _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Email address: _____

REASONABLE ACCOMMODATIONS: Based on your understanding of the Volunteer Coach Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No

If yes, what reasonable accommodations would be necessary to assist you in this area? _____

CONVICTION: Have you ever been convicted of a criminal offense (felony or misdemeanor), which has not been judicially ordered, sealed, expunged, or statutorily eradicated? (Omit convictions for marijuana-related offenses that are more than two years old, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and judicially dismissed under Penal Code section 1203.4). Yes No

If yes, state the nature of the offense or offenses, when and where convicted, and the disposition of the offense:

Note: No applicant will be denied a volunteer placement solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, the relevance of the offense to the position(s) applied for, and any other relevant factors are considered.

Previous volunteer/work experience as it relates to your volunteer interests: _____

Please note the days and times you are available for volunteer assignments:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

In case of emergency:

Whom should be notify? _____
Name Relationship to applicant

Home phone: _____ Work phone: _____

Physician's name: _____ Phone: _____

Do you have any medical history that we should be aware of in the event of an emergency? (Allergies, medications, etc.)

CITY OF PALMDALE VOLUNTEER AGREEMENT

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Palmdale to investigate any information contained in this application. I understand that as part of the final selection process, I will be required to pass a Live Scan fingerprint scan via the California Department of Justice. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work, and that such information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from the City's Volunteer Program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, the City of Palmdale and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 20____.

Volunteer signature: _____

Parent/Guardian Signature (if minor): _____

OFFICE USE ONLY		
RECEIVED:	INTERVIEW SCHEDULED:	INTERVIEWED BY:
REFERRED TO (PROGRAM):	POSITION:	