



COACHING APPLICATION FORM

NOTE: All coaches must be CPR/AED certified

PRINT NAME _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ PHYSICAL ADDRESS _____

CITY _____ ZIP CODE _____ HOME # _____

WORK # _____ PAGER/CELL # _____

AED/CPR Certified? YES ____ NO ____ If yes, give date: _____

OTHER THAN MINOR TRAFFIC VIOLATIONS, DO YOU HAVE ANY CRIMINAL CONVICTIONS OR ARREST: YES NO IF YES, PLEASE EXPLAIN: _____

Persons convicted of a criminal offense other than minor traffic offenses, will be scrutinized and dealt with on a person to person basis. Convictions stemming from abuse, physical and substance, obscene, disorderly conduct, to include but not limited to, offenses deemed inappropriate towards children, will be handled accordingly. These convictions may disqualify you from employment or volunteering positions within the Town of Moncks Corner. While we appreciate your desire to coach, our mission and goal is to provide the safest atmosphere for the children and adults with the Town of Moncks Corner Recreation Department.

1. WHAT IS YOUR MARTIAL STATUS? MARRIED SINGLE DIVORCED
2. HOW MANY CHILDREN DO YOU HAVE? ____BOYS ____ GIRLS
3. WILL YOUR CHILDREN BE PARTICIPATING? YES NO
4. DO YOU WISH TO COACH YOUR CHILDREN? YES NO
5. PLEASE CIRCLE THE HIGHEST YEAR YOU COMPLETED IN HIGH SCHOOL AND COLLEGE.
 HIGH SCHOOL 1 2 3 4 (GED) COLLEGE 1 2 3 4 5 6 7 8

6. WHAT IS YOUR OCCUPATION OR JOB DESCRIPTION (PLEASE BE SPECIFIC):

7. WHAT IS THE AGE AND SPORT FOR WHICH YOU ARE APPLYING TO COACH?

AGE _____ SPORT _____
NOTE: THE SPORT THAT YOU HAVE WRITTEN HERE WILL BE REFERRED TO AS THIS SPORT IN THE REMAINDER OF THIS APPLICATION

8. HAVE YOU PLAYED THIS SPORT? YES NO HOW MANY YEARS? _____

9. HAVE YOU HAD ANY FORMAL TRAINING AS A COACH? YES NO

IF YES PLEASE DESCRIBE (I.E. PE DEGREE, COACHING COURSES, CLINCS, ETC.)

10. DESCRIBE ANY FORMAL TRAINING WHICH WOULD HELP YOU COACH (I.E. READING BOOKS, WATCHING SPORTS, ETC.)

11. PLEASE RATE YOUR KNOWLEDGE OF THE FOLLOWING TOPICS WITH REGARD TO THIS SPORT BY CIRCLING THE APPROPRIATE NUMBER.

1 = KNOW VERY LITTLE ABOUT IT

2 = HAVE REASONABLE GOOD KNOWLEDGE ABOUT IT

3 = KNOW A GREAT DEAL ABOUT IT

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|---|---|---|---|---|---|---|--------------------------|
| 1 | 2 | 3 | BASIC TECHNIQUE | 1 | 2 | 3 | ORGANIZING A PRACTICE |
| 1 | 2 | 3 | ADVANCE TECHNIQUE | 1 | 2 | 3 | DEVELOPING SPORTSMANSHIP |
| 1 | 2 | 3 | RULES OF THE SPORT | 1 | 2 | 3 | MOTIVATING YOUNGSTERS |
| 1 | 2 | 3 | STRATEGY OF THE SPORT | 1 | 2 | 3 | COMMUNICATION SKILLS |
| 1 | 2 | 3 | ORGANIZING A CONTEST | 1 | 2 | 3 | WORKING WITH PARENTS |
| 1 | 2 | 3 | ATHLETIC NUTRITION | 1 | 2 | 3 | WARM UP TECHNIQUE |
| 1 | 2 | 3 | EQUIPMENT NEEDS AND SPECIFICATIONS | | | | |
| 1 | 2 | 3 | INJURY PREVENTION AND TREATMENT | | | | |
| 1 | 2 | 3 | PHYSICAL CONDITIONING TECHNIQUES | | | | |
| 1 | 2 | 3 | GENERAL PRINCIPLES FOR TEACHING SPORTS SKILLS | | | | |

12. DESCRIBE IN DETAIL YOUR PHILOSOPHY/ GOALS OF COACHING THIS SPORT.

PLEASE LIST THREE (3) REFERENCES WITH PHONE NUMBERS.
PLEASE USE PERSONS UNRELATED TO YOU.

NAME	NUMBER	# YRS
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NAME	NUMBER	# YRS
------	--------	-------

NAME	NUMBER	# YRS
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DATE _____ SIGNATURE _____

APPROVED _____ DISAPPROVED _____

DIRECTOR _____ DATE _____

Coach's Code of Conduct

I hereby pledge to live up to the following guidelines pertaining to my position as a volunteer coach for the Moncks Corner Recreation Department. I understand that I could lose my status as a volunteer coach for violation of any of these guidelines.

I WILL place the physical and emotional well-being of all my players ahead of any personal desire to win.

I WILL realize that I am a role model for all my players. Therefore, I WILL display good sportsmanship on and off the field;
I WILL dress in a neat and presentable manner; I WILL refrain from the use of vulgarity, profanity, alcohol, drugs, and tobacco products while I am with my players or at any departmental game or practice.

I WILL treat all my players with the utmost respect and fairness throughout the season.

I WILL treat the opposing coaches, players, parents, and officials with the utmost respect.

I WILL NOT verbally abuse or humiliate any player, parent, official, opposing coach or department representative at any time.

I WILL do my best to provide a safe playing/practicing environment for my players.

I WILL do my best to organize practices that are challenging, instructional, and above all fun for my players.

I WILL ensure that I have read the rules; I fully understand them; and, I WILL teach these rules to my players and other coaches.

I WILL have a mandatory preseason parents meeting and will continue to communicate with the parents as the season progresses.

I WILL support and promote the programs and activities of the Moncks Corner Recreation Department at all times.

I WILL remember that the game is for youth-not adults.

I WILL be certified in CPR (Cardio Pulmonary Resuscitation) and AED (Automatic External Defibrillator)

Coach's PRINT NAME _____
Coach's SIGNATURE _____ DATE _____

*TOWN OF MONCKS CORNER
MONCKS CORNER RECREATION DEPARTMENT*

POST OFFICE BOX 700
MONCKS CORNER, SC 29461
Phone (843) 719-7900
Fax (843) 719-7902

PERMISSION FOR CRIMINAL HISTORY RECORDS CHECK

I, the undersigned, hereby authorize and give consent for the Moncks Corner Recreation Department to obtain information regarding myself for employment or volunteer purposes. This information may be obtained either in writing or by way of telephone in connection with my application. Any person, firm or organization providing information in accordance with this authorization is released from any and all claims of liability for compliance. This information may include all or some of the following:

- Employment records/Employers references
- Criminal background checks/information
- Sex offender registry check
- Drivers license check
- Training/experience/educational background
- Personal references
- Addresses

Signature of Applicant: _____ Date: _____

Please Print:
First _____ Middle _____ Last _____

Maiden Name: _____ SS Number _____

Date of Birth: _____ Sex: male female

Physical Address: _____ City: _____ Zip: _____

How long at current address? _____

Drivers License Number: _____ State _____

Email address: _____