

Prior Address (if not at current address for 5 years)

Address _____ City _____ Zip _____

Please list two (2) character references (not family):

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

Present Employer

_____ Company Name _____ Beg Date of Employment _____

Address _____ Phone _____

Name of Supervisor _____

Former Employer

_____ Company Name _____ Dates of Employment _____

Address _____ Phone _____

Name of Supervisor _____

Have you ever been arrested, charged or convicted of a crime? ___ No ___ Yes, Please Explain _____

Have you ever had or do you currently have a problem with drugs and/or alcohol?

___ No ___ Yes, Please Explain _____

What is your motivation to volunteer for this position?

What experience do you have working with children?

List any formal training (include coaching or playing) that is related to this position.

I understand and agree that:

1. This organization can deny any applicant for any reason or for no reason at all.
2. Assistant coaches are not assigned, although applications are welcome.
3. This application is valid for one (1) year or season, and a new application has to be completed immediately thereafter upon request by the organization.
4. By submitting this application, I, the applicant, affirm that all the foregoing information I have provided is true and correct.
5. By submitting this application, I, the applicant, agree (in return for being permitted to volunteer) that if any of the foregoing information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.
6. By submitting this application, I, the applicant, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background check(s) and to inform those within the organization who are responsible for accepting and/or supervising volunteers.
7. I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Hendersonville, Tennessee, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Hendersonville, whether the said records are of a public, private or confidential nature.

I have completed this form completely and truthfully.

Signature