



VOLUNTEER COACH APPLICATION FORM

Name: _____

Email: _____

Address: _____

Home Phone: _____

City/Zip: _____

Work Phone: _____

Education and Occupation:

High School Name: _____

College Name: _____ Other: _____

Occupation (title, company): _____

Coaching:

Sport you wish to coach: _____

Preferred age group/league desired: _____

Position Desired: Head Coach _____ Assistant Coach _____

Name the person you wish to coach with: _____ (He/she must also complete this form.)

Your reason for applying: _____

Previous Experience:

Instructional Leadership of Children (explain): _____

Coaching Education:

Courses _____ Clinics _____ Books _____ Videos _____ Other _____

(explain): _____

Previous coaching experience:

Sport	Year(s)	Agency
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Certifications (coaching): _____

CPR Certified: _____ Expires: _____ First Aid Certified: _____ Expires: _____

References:

Name	Address	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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VOLUNTEER REGISTRATION FORM (PLEASE PRINT)

Name _____ Date: _____

Address _____ City: _____ Zip: _____

Day Phone: _____ Home Phone: _____

Participant's Name	Birthdate	Program Name	Code #

I have carefully read the Volunteer Wavier on the bottom and understand that my signature is required below in order for myself or my child to volunteer in Fairplay Athletics programs. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for the Fairplay Athletics

Signature of Participant or Parent/ Guardian: _____ Date: _____

VOLUNTEER WAVIER FORM

Fairplay Athletics welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation.

Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. Fairplay Athletics continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize And acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project. I agree to waive and fully release the Fairplay Athletics and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).

**Fairplay Athletics
P.O. Box 20014 Pensacola Fl. 32524
Lamont Sims 850-346-1921**



VOLUNTEER EMERGENCY INFORMATION FORM

1) Volunteer Name: _____

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3) Medical Information:

Physician: _____

Phone: _____

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Date: _____

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