

# VOLUNTEER COACH APPLICATION FORM

## OPTIMIST CLUB OF CLAREMORE, OKLAHOMA

P O Box 1364, Claremore, Oklahoma 74018

THE CLUB REGRETS BEING INTRUSIVE, BUT OUR MISSION IS TO PROVIDE A SAFE, POSITIVE AND FUN ENVIRONMENT FOR THE YOUTH IN OUR PROGRAM.

YOUR RESPONSES TO THE FOLLOWING QUESTIONS ARE REQUIRED. YOUR RESPONSES WILL BE KEPT CONFIDENTIAL TO THE EXTENT POSSIBLE, AND NOT BE DISSEMINATED TO ANYONE OUTSIDE THE BASKETBALL COMMITTEE OF THE OPTIMIST CLUB OF CLAREMORE, EXCEPT AS REQUIRED BY LAW

By submitting this application, you agree that The Optimist Club of Claremore may verify the information you have supplied by reasonable, legal means, and you consent to such checking and review by the officers and agents of the Club.

**RETURNING COACHES: please note any changes from last year.**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other Names (Maiden, alias etc.) \_\_\_\_\_ Sex \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
address street apt#  
city state zip code Work Phone # \_\_\_\_\_  
**CIRCLE ONE FOR PUBLIC**

Email Address \_\_\_\_\_

Previous Address \_\_\_\_\_  
If within the past 1 year address street apt#  
city state zip code  
Date of occupancy \_\_\_\_\_

Present Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
name of company  
address street Date of Employment \_\_\_\_\_  
city state zip code Describe Position \_\_\_\_\_

Past Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
If within the past 1 year name of company  
address street Date of Employment \_\_\_\_\_  
city state zip code Reason for Leaving \_\_\_\_\_

References \_\_\_\_\_  
List 3 not related name address phone number  
name address phone number  
name address phone number

**(CONTINUED ON BACK)**

**Please Answer the Following Questions**

Have you ever been arrested, charged or convicted of a crime? \_\_\_\_\_

If Yes please explain details \_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect? \_\_\_\_\_

If Yes please explain details \_\_\_\_\_

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

If Yes please explain details \_\_\_\_\_

Reason for wanting to volunteer? \_\_\_\_\_

Position desired? \_\_\_\_\_

What interests you about this position? \_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

List the sports that you have coached? \_\_\_\_\_

List any formal training you have received in coaching \_\_\_\_\_

Are you a member of NYSCA? \_\_\_\_\_ If so, Membership No. \_\_\_\_\_

Date & Location of first clinic \_\_\_\_\_ Expiration \_\_\_\_\_

List any formal training you have received in first aid \_\_\_\_\_

List any formal training you have received in teaching children or parenting \_\_\_\_\_

Give us your **phone number we may publish** on the Schedules (to be publically posted, including on the internet): \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_