

**McMinnville Youth Sports**

**Coach Application Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used in the last 7 years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous address – if you have lived at your current address less than 3 years: \_\_\_\_\_

\_\_\_\_\_

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Please circle age group/Division you wish to coach in: \_\_\_\_\_

Did you coach a team in our league last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes: Spring \_\_\_\_\_ Fall \_\_\_\_\_

Name of team and age group: \_\_\_\_\_

Do you plan to coach with another coach? Name of coach: \_\_\_\_\_

Name of Son or Daughter: \_\_\_\_\_

Do you have any previous coaching experience at any level? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All volunteer coaches are subject to background checks and the approval of the McMinnville Parks and Recreation Department and the Department reserves the right to disqualify any applicant. Please read and complete back page for National Background Screening Consent Form and Zero Tolerance policy.

Please complete back of form

# City of McMinnville

## National Background Screening Consent/Release Form

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your employment/ volunteering.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**ZERO TOLERANCE POLICY:** McMinnville Youth Sports League has adopted a policy that forbids actions by the coaches, players or spectators of any MYBS team that would be harmful and abusive to the officials, coaches, umpires or players.

Anyone in violation of this policy will be escorted from the complex for the remainder of the game and is subject to a minimum 2 game suspension. Any repeat offenders may be banned from the complex for the remainder of the current season. Have FUN and be a GOOD SPORT. REMEMBER, THIS IS FOR THE CHILDREN.

I, as a volunteer coach, understand the ZERO TOLERANCE POLICY as it applies to me and my conduct on and off the field. I also understand that any violation of the Code of Conduct, founded by the McMinnville Parks and Recreation Department to be true, will result in a minimum two (2) game suspension and a possible maximum suspension for the remainder of the current season and possible future seasons.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_