

# COACH APPLICATION



Please answer each question.

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please list other last names you have used:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position: Coach      Assistant Coach      Team (i.e. JV Girls B-ball): \_\_\_\_\_

Are you a practicing Christian?    Y    N

Date of birth: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Describe why you are interested in coaching:

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Please list your experience in coaching and/or playing the sport you are interested in coaching for:

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References:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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## Applicant's Statement

I hereby authorize all employers, organizations, churches, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by HAACH, I hereby release HAACH and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand and agree that it is critical to the mission of the HAACH Organization that all volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with HAACH policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of the HAACH board.

My responses above are truthful and accurate. I understand and agree that if they are not truthful or accurate, HAACH may determine that I am no longer qualified to be associated with its programs as a coach, or volunteer, in any capacity.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### RELEASE AND CONSENT FORM (AUTHORIZATION FOR CRIMINAL/COURT/AGENCY RECORDS CHECK)

1. In connection with my application for placement, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy and consistent with the job described, you may be requesting information from public and private sources about my criminal record, driving record, professional licensing and state administration record, education and previous employment.
2. If you have a criminal record, factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed, and subsequent rehabilitation will be taken into account. In certain states, applicants are not required to disclose the contents of sealed or expunged criminal or arrest records.
3. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, school, employer, or other organization or person contacted by HAACH or its agent to furnish the information described in Section I to the extent permitted under relevant state and federal law.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print your full name: \_\_\_\_\_

Please submit this application to HAACH for AD and Board review by mailing to:

**Box 1328 Brighton, MI 48116**