

CKCPRD Volunteer Coaching Signup Form

Please check the box(es) that you are interested in volunteering for:

Youth Soccer

Kindergarten Coach Assistant Coach	3 rd /4 th Coach Assistant Coach	7 th /8 th (Travel teams) Coach Assistant Coach
1 st /2 nd Coach Assistant Coach	5 th /6 th (Travel teams) Coach Assistant Coach	9 th -12 th (Local Only) Coach Assistant Coach

Youth Football

Coach
Assistant Coach

T-Shirt Size: _____

Following application is **REQUIRED** if coaching/assistant coaching. For the safety of our children there will be a background check for these volunteer positions.

Full Legal Name: _____

Gender: _____

Previous/Maiden names used: _____

Birth Date: _____

Address : _____

Previous Mailing Address: _____

Email Address: _____

Phone #: _____

DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer for CKCPRD. The information provided will be used for background check purposes to ensure the safety of our participants.

Have you ever been convicted of a crime, felony, or misdemeanor? Yes No

(If yes, please describe the conviction in full, including date of the crime, city, county and state where each took place)

By signing this form, I agree with these terms freely and voluntarily and without inducement of any kind. I agree to inform CKCPRD in a timely manner if information on this form changes.

Signature

Date

* The form can be turned in at the pool or emailed to: ckcprd.0506@gmail.com

