

# COACHING APPLICATION

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

WHAT AGE DIVISION TO YOU WISH TO COACH? \_\_\_\_\_

DO YOU HAVE A CHILD PLAYING IN THIS DIVISION? \_\_\_\_\_

Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_

A HEAD COACH is main coach for the team. He or she is responsible for players conduct, and maintaining good sportsmanship.

AN ASSISTANT COACH assists the head coach in coaching the team.

DO YOU WANT TO BE A HEAD OR ASSISTANT COACH? \_\_\_\_\_

WHERE HAVE YOU COACHED BEFORE?

\_\_\_\_\_

HOW MANY YEARS?

\_\_\_\_\_

WHY DO YOU THINK YOU WOULD BE A GOOD COACH?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE THERE COACHES YOU WOULD LIKE TO COACH WITH?

NAMES \_\_\_\_\_

DO YOU KNOW ANYONE THAT WOULD LIKE TO SPONSOR THE PROGRAM?

NAME \_\_\_\_\_

DID YOU FILL OUT THE BACKGROUND CHECK FORM?

YES \_\_\_\_\_ NO \_\_\_\_\_

DID YOU FILL OUT THE VOLUNTEER AGREEMENT?

YES \_\_\_\_\_ NO \_\_\_\_\_

DID YOU COMPLETE THE HEADS UP CONCUSSION TRAINING?

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*\*IN ORDER TO BE A COACH FOR THE PROGRAM, YOU MUST COMPLETE THE HEADS UP CONCUSSION TRAINING AND SUBMIT YOUR CERTIFICATE OF COMPLETION WITH THIS APPLICATION. YOU MUST ALSO SUBMIT YOUR BACKGROUND CHECK AND SIGNED VOLUNTEER AGREEMENT.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_





## “HEADS UP”

### On Line Sports Concussion Training Course and Information

Michigan has enacted a law that regulates sports concussions and return to athletic activity. The law requires all coaches, employees, volunteers and other adults involved with a youth athletic activity to complete a concussion awareness on line training program. This is a free on line course. The law also requires immediate removal of an athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The youth must receive medical clearance from an appropriate health professional before returning to play.

Type this link into your internet browser to launch the on line training course.

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

Once you complete the training and quiz, you can print out a certificate. A copy of this certificate must be on file with Southern Lakes Parks & Recreation prior to the start of your class or game.

All participants must have on file a signed “Parent/Athlete Acknowledgement Form” which certifies that they have read and understand the concussion information and danger signs. In the event one of the participants does not have a signed form on file, a SLP&R program coordinator or administrative staff member will notify you and that youth will not be allowed to participate until it is signed.

For more information about the law and what it means to you visit

[www.michigan.gov/sportsconcussion](http://www.michigan.gov/sportsconcussion).

Program:

## SOUTHERN LAKES PARKS & RECREATION BACKGROUND CHECK DISCLOSURE AUTHORIZATION

*Please read carefully. If you have any questions regarding this statement, please discuss them with the SLPR representative before signing.*

I acknowledge that as part of the employment process, including the hiring process, the employee or independent contractor review process, promotion, position reassignment, or contract, now, or at any time during my tenure with SLP&R, SLP&R may obtain a background check or consumer report about me.

I understand and agree that employment or contract is contingent upon satisfactory results of various pre- and post-employment or hiring checks and may include fingerprinting. These reports may include the following types of information: educational accomplishments, professional credentials, drugs/alcohol use, employment history, driving record or motor vehicle reports, worker's compensation claims, credit records, bankruptcy proceedings, criminal records, and civil records, civil litigation history (as a defendant only), references (professional and personal), and licensure (if applicable) solely at SLP&R's discretions.

I understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, county and other agencies that maintain such records. These reports will be used for employment and hiring purposes only.

I have the right to request, within a reasonable period of time after receiving this notice, additional information as to the nature and scope of such investigative reports.

I authorize, without reservation, any party or agency contacted by SLP&R to furnish the above mentioned information to SLP&R. I hereby acknowledge that a photographic copy or fax shall be valid as the original. I agree to release and hold harmless SLP&R and associated reporting agencies from any liability arising from any errors in information provided.

### BACKGROUND CHECK CONSENT FORM

As a present or prospective employee or independent contractor, or volunteer of Southern Lakes Parks & Recreation (SLP&R), I understand it is SLP&R's policy to obtain this information as part of the screening process using the information provided below.

Name: (Print) \_\_\_\_\_  
LAST FIRST MIDDLE

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

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

In order to insure the integrity of the verification process, I am voluntarily providing this information.

Birth Month: \_\_\_\_\_ Birth Day: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Southern Lakes Parks & Recreation  
150 S. Leroy St.  
Fenton, MI 48430  
**Volunteer Agreement**

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

Program/League: \_\_\_\_\_

**Conditions and Responsibilities:**

- 1) The volunteer shall be responsible for providing safe conditions, appropriate instruction, and other reasonable conditions for the proper performance of the above service.
  
- 2) Southern Lakes Parks & Recreation reserves the right to terminate services at any time based upon inadequate performance, participant safety, or other reasons necessary for the best interest of the program participants and Southern Lakes Parks & Recreation.
  
- 3) The relationship of the above individual to Southern Lakes Parks & Recreation is and shall continue to be that of a volunteer and no liability or benefits, such as Workmen's Compensation benefits or liabilities, insurance rights or liabilities, tenure rights, or such other rights, provisions or liabilities arising out of a contract of hire or employer-employee relationship, shall arise or accrue to either party as a result of this agreement and undertaking.

I hereby accept the above stated conditions in providing the above stated service for Southern Lakes Parks & Recreation. I further hereby agree to hold SLP&R harmless against any claims including cost for damages by reason of personal injury and/or property damage or property loss in connection with this contract.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Programmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1 copy - Coordinator

1 copy – Programmer

