VOLUNTEER COACH APPLICATION FORM

Name: ____________________________ Email: ____________________________
Address: ____________________________ Home Phone: ____________________________
City/Zip: ____________________________ Work Phone: ____________________________

Education and Occupation:
High School Name: ____________________________
College Name: ____________________________ Other: ____________________________
Occupation (title, company): ____________________________

Coaching:
Sport you wish to coach: ____________________________
Preferred age group/league desired: ____________________________
Position Desired: Head Coach __________ Assistant Coach __________
Name the person you wish to coach with: ____________________________ (He/she must also complete this form.)
Your reason for applying: ____________________________

Previous Experience:
Instructional Leadership of Children (explain): ____________________________

Coaching Education:
Courses ________ Clinics ________ Books ________ Videos ________ Other ________
(explain): ____________________________

Previous coaching experience:
Sport Year(s) Agency
____________________________ ____________________________
____________________________ ____________________________
____________________________ ____________________________

Certifications (coaching): ____________________________

CPR Certified: ________ Expires: ________ First Aid Certified: ________ Expires: ________

References:
Name Address Phone
____________________________ ____________________________
____________________________ ____________________________
____________________________ ____________________________
VOLUNTEER REGISTRATION FORM
(PLEASE PRINT)

Name___________________________________________               Date:________________________

Address__________________________________City: ________________    Zip: _________________

Day Phone: ____________________________________________Home Phone:  __________________

<table>
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<tr>
<th>Participant’s Name</th>
<th>Birthdate</th>
<th>Program Name</th>
<th>Code #</th>
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I have carefully read the Volunteer Wavier on the bottom and understand that my signature is required below in order for myself or my child to volunteer in Geneva Park District programs. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for the Geneva Park District.

Signature of Participant or Parent/ Guardian: ____________________________ Date: ____________

VOLUNTEER WAVIER FORM
The Geneva Park District welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation.

Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project.

I agree to waive and fully release the Geneva Park District and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).
GENEVA PARK DISTRICT
VOLUNTEER EMERGENCY INFORMATION FORM

1) Volunteer Name: ____________________________________________________________

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

   Name: ___________________________ Relationship: _____________________________
   Home Phone: ___________________ Work Phone: ___________________ Cell Phone: _______

   Name: ___________________________ Relationship: _____________________________
   Home Phone: ___________________ Work Phone: ___________________ Cell Phone: _______

3) Medical Information:

   Physician: _________________________________________________________________
   Phone: ___________________________

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Date: ____________________________
CRIMINAL BACKGROUND CHECK FORM

Information Needed for the Illinois State Police Background Check

This request is for employment or licensing purposes.  Yes  No

Printed Name: ________________________________________________

Address: ______________________________________________________

Date of Birth: _________________________________________________

Social Security Number: _________________________________________

Sex: ___________  →  M: Male     F: Female     U: Unknown

Race: ___________  →  W: White     B: Black     A: Asian/Pacific

I: American Indian/Alaskan  U: Unknown

Signature: ___________________________  Date: ________________