



2021-2022 YOUTH SPORTS VOLUNTEER APPLICATION

PERSONAL & BACKGROUND INFORMATION

Name:		Date of Birth:	
Address:		City:	
Email:		State:	Zip:
Contact Phone Number:		2 nd Phone Number:	
CA Drivers Lic.# or ID #:	Expiration Date:	Occupation:	
If you are fluent in any other Non-English language, please specify language:			<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

EMERGENCY CONTACT

Name/Relationship:	Phone
Special health concerns we should know about:	

PERSONAL REFERENCES

First & Last Name	Phone	Relationship
First & Last Name	Phone	Relationship

EDUCATION/EXPERIENCE (CHECK HIGHEST LEVEL)

High School
 Some College
 Technical School
 College Degree
 Advanced Degree

COACHING EXPERIENCE			PLAYING EXPERIENCE		
Sport	Years	Agency	Sport	Years	Agency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COACHING EDUCATION			COACHING CERTIFICATIONS	
Courses	Clinics	Other	Check each certificate that applies	
_____	_____	_____	<input type="checkbox"/> CPR/First Aid	Expiration Date:
_____	_____	_____	<input type="checkbox"/> The Collapsed Athlete	<input type="checkbox"/> Bullying, Hazing, Inappropriate Behavior
_____	_____	_____	<input type="checkbox"/> Sportsmanship	<input type="checkbox"/> Sudden Cardiac Arrest
			<input type="checkbox"/> Concussion in Sports	<input type="checkbox"/> Covid-19 for Coaches & Administrator

PLEASE HELP US PLACE YOU IN THE RIGHT VOLUNTEER POSITION BY COMPLETING THE FOLLOWING QUESTIONS.

How did you hear about volunteering for Colton Community Services Youth Sports? _____

Which position are you applying for?
 Head Coach
 Assistant Coach
 Statistician

In what division would you like to volunteer for?
 A
 B
 C
 D
 ANY

I understand that if accepted as a volunteer with The City of Colton Community Services Department, I must: comply with policies, rules and regulations; maintain active dependable participation in the program; maintain satisfactory attitude, appearance and work performance levels; strictly observe hospital ethics and rules of confidentiality; and treat all patients, visitors and staff with dignity, kindness, understanding, and respect. My services are donated to Colton Community Services without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

I understand that information obtained during the reference check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information will be kept confidential. I hereby give my permission to those individuals or organizations contacted for the purpose of this reference check to give their full and honest evaluation of my suitability of the described volunteer work and other such other information, as they deem appropriate. I understand that failure to provide complete, accurate, truthful information on this application may be grounds for immediate dismissal from the program.

I agree to accept termination from the program at any time and for any reason, if in the judgment of the department director, my continued service as a volunteer is contrary to the best interests of the City.

PRINT NAME
SIGNATURE
DATE

