



Boyd Youth Association Coaches Application

All coaches (head coaches, assistant coaches) or any person volunteering to participate within this organization are required to complete this application in full. Please return completed application to an authorized representative of Boyd Youth Association. No person shall be considered for any position within the BYA until this application is submitted and approved by the board of directors.

Position Volunteering for: Head Coach Assistant Coach

Do you want to coach: Boys Girls

Grade level or age group requesting: _____

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Cell Phone: _____ **Text Messaging** Yes No

Home Phone: _____ **Email:** _____

Date of birth: _____ **Age:** _____

Previous volunteer experience: _____

Have you played the sport you are applying to coach? Yes (# of years _____) No

Have you officiated this sport? Yes (# of years _____) No

Have you coached this sport? Yes (# of years _____) No

Do you have children in this program Yes No

if you answered yes above please list full name and level

Have you ever been refused participation in any other youth program? Yes No

If you answered yes above, please explain

Have you ever been before a judge, been convicted of, plead guilty or no contest to a felony?

Yes No : If you answered yes, please explain: _____

Are you currently facing any criminal charges or prosecution? Yes No

If you answered yes above, please explain

OVER



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BACKGROUND CHECK

As a condition of volunteering, I give permission for Boyd Youth Association to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Boyd Youth Association receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Boyd Youth Association, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Boyd Youth Association is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term I am subject to suspension by the President and any executive board member and removal by the Board of Directors for violation of Boyd Youth Association policies or principles, which the organization would deem not in the best interest for the good of the organization. x _____ (Please initial, indicating that you have read and understand)

CODE OF ETHICS

As a volunteer coach for Boyd Youth Association, I promise to set a good example for my team at all times. I will demonstrate and promote good sportsmanship in every aspect of the sport, use appropriate language at all times and will encourage positive attitudes by using constructive criticism. I will provide all team members equal opportunity to learn and experience the sport regardless of their age, race, gender, disabilities, orientation, or income status. I will consider the safety of all participants to be the top priority of the program, followed by good sportsmanship and fair play. I will remember that the program is designed for children and not adults, as a fun, rewarding and educational experience, with emphasis placed on absorbing the fundamentals of the particular sport, not on winning at all costs. I hereby pledge to provide positive support, care and encouragement to my team by following Boyd Youth Association Code of Ethics outlined in the Boyd Youth Association By-Laws.

x _____ (Please initial, indicating that you have read and understand)

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE.

x _____
Signature of Applicant **Date**



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BACKGROUND AUTHORIZATION

Authorization

Authorization: By signing below, you authorize: Boyd Youth Association to request information about you from any public or private information source; (b) anyone to provide information about you to Boyd Youth Association; Boyd Youth Association may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Personal Information: Please print the information requested below to identify yourself

Printed name:

First Middle (none) Last

Other names used:

Email:

Current and former addresses:

		<u>current</u>	
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. Boyd Youth Association will not use it for any other purposes.

_____	_____
Date of birth	Social security number
_____	_____
Driver's license number & state	Name as it appears on license

Signature

Date