

Full Name (First, MI, Last)

Commerce City Parks and Recreation Department Youth Sports Official Application

Work Telephone:

We appreciate your interest in coaching for our program. In order to insure that we select the most qualified coaches for our programs and to insure the safety of our children and adults participating in these programs, we request that you complete all sections of this coach's application.

Home Telephone Number:

Street Address:		City, State, Zip Code		E-mail Address		
Social Security Number	Date of Birth (Mo/Date/Yr)		Have you ever been known by another name?			
			Yes	_No If yes please indicate below:		
What sports are you interested in officating?						
Officials Experience						
Please note approximate dates, types, and places of experience:						

Emergency Contact Information						
Street Address, City, State, Zip Code:						
Work Tele	ephone:					
References						
Relationship: Phone:						
Relationship:	Phone:					
Relationship:	Phone:					
Background						
Have you ever been charged with a crime that resulted in plea of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)? YES NO If Yes, list for each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition Have you ever been involved in an incident involving child abuse or neglect? YES NO If Yes please explain:						
Applicant's Statement I certify that all information provided in this application is true and complete. I understand that any false information may disqualify me from further consideration as a volunteer and may result in dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making the decision to be accepted as a volunteer coach. I release such persons and organizations from any legal liability in making such statements. In connection with my application for volunteering, I understand that I will be required to be fingerprinted by the Commerce City Police Department and that an investigation report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by city policy, you may be requesting information from public and private sources about my: driving record, court record, credentials and references. I have read, understand and by signature consent to these statements, Date:						
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