



CITY OF PAGE RECREATION

APPLICATION FOR VOLUNTEER COACH OR ASSISTANT COACH

P.O. Box 1180
Page, AZ 86040
(928)645-4380 FAX (928)608-0347

**THE OUTCOME OF A CHILD IS MORE IMPORTANT
THAN THE OUTCOME OF A GAME.**

The CITY OF PAGE is a
DRUG FREE WORKPLACE and SEXUAL HARASSMENT FREE WORKPLACE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

THE CITY OF PAGE MAY DO A CRIMINAL BACKGROUND CHECK.

POSITION _____

Name _____ Date _____

Street Address _____ P.O. Box _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____ Cell _____

E-Mail _____

SSN# _____ Birth Date _____

PREVIOUS ADDRESSES DURING THE LAST FIVE (5) YEARS:

Address	City	State	Zip	Dates

Address	City	State	Zip	Dates

Are you over 18 years old? Yes No

Have you ever been convicted of an offense other than minor traffic violations?
Yes No

If YES, please explain: (convictions are not an automatic disqualification from coaching, each case will be considered on it's merits)

WORK HISTORY

Present Employer Address Telephone How Long

Why do you want to coach?

Previous Coaching Experience

Coaching Philosophy

How much time do you have during the week? _____

Do you have any certifications, (First Aid, CPR, Coaching, etc.) _____

REFERENCES:

List TWO persons not related to you who have known you for at least 1 year.

Name	Phone	Position & Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully before signing)

I certify that the facts set forth in this Application for Volunteer Coaching are true and complete to the best of my knowledge. I understand that if I am allowed to coach, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Page to complete a background check.

Signature

Date

CHILD PROTECTION POLICY

The City of Page has a strict and absolute policy dedicated to the protection of children.

FAILURE TO COMPLY WITH THIS POLICY WILL RESULT IN THE TERMINATION OF YOUR EMPLOYMENT WITH THE CITY OF PAGE OR REMOVAL FROM THE VOLUNTEER PROGRAM.

FAILURE TO COMPLY WITH ARIZONA CHILD PROTECTION LAWS WILL RESULT IN CRIMINAL PROSECUTION.

Whenever employment or volunteer activities with the City of Page involve persons under the age of eighteen (18) years, the following rules **MUST** be strictly complied with:

1. If only ONE child is present, TWO adults must be present to supervise.
2. If TWO or more children are present, only ONE adult need to be present to supervise.

I avow that I have read and understand the foregoing policy and have had an opportunity to discuss the specific policy requirements with the City of Page.

Signature of Applicant

Printed Name

Date

BACKGROUND INVESTIGATION/INFORMATION RELEASE REQUEST

TO WHOM IT MAY CONCERN:

I am an applicant for employment with the City of Page. As part of the hiring process, the City will need to thoroughly investigate my employment background and personal history.

I hereby authorize the City of Page to investigate my background, references, employment record, and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to the City of Page all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release the City of Page, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If offered a position with the City of Page, my actual employment will be contingent on completion of certain additional verifications depending on the position for which I have applied. These may include a physical examination, physical ability test, drug screening, credit check and polygraph testing.

Current Address

Current Telephone Number

SSN

Date of Birth

Any other names used for Driver's License or employment purposes

Name of the state(s) in which a Driver's License has been issued in the last 39 months

Signature

Name (As it appears on Driver's License)

Date

If you have a State of Arizona DPS Level One IVP Fingerprint Clearance Card please complete the info needed below.

Card Number: _____ Card Expiration Date: _____

DRUG & ALCOHOL TESTING ACKNOWLEDGEMENT

If offered employment, the below named individual, understands they will be subject to pre-employment drug and alcohol testing, post accident drug and alcohol testing, and random testing (CDL holders) as per the City of Page Employee Drug Free Workplace Policy.

Signature

Name

Date