



BRUNSWICK COUNTY PARKS & RECREATION  
VOLUNTEER APPLICATION  
CONSUMER REPORTS RELEASE for  
BACKGROUND CHECK

*Thank You for your Interest in Volunteering!*

\*\*\*\*ALL APPLICANTS ARE SUBJECT TO A MANDATORY BACKGROUND CHECK\*\*\*\*

**Please check the area in which you would like to volunteer.**

Leland/Northwest  Town Creek  Southport – Oak Island

Lockwood Folly  Shallotte  Waccamaw

**POSITION APPLYING FOR:**

Youth Head Coach  Youth Assistant Coach  Special Olympics Volunteer

Senior Games Volunteer  Internship  General Volunteer

**Please describe exact position below. (Ex. Shallotte Bucs Cheerleading Head Coach)**

**PERSONAL / CONTACT INFORMATION**

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
P.O. Box / Street City Zip

Physical Address: \_\_\_\_\_  
Street City Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**EXPERIENCE**

Have you previously been a volunteer? Yes  No

If Yes: When: \_\_\_\_\_ Where: \_\_\_\_\_ What: \_\_\_\_\_

Do you have any Certifications? Yes  No

If Yes: What: \_\_\_\_\_

**COACHING SECTION – Baseball, Basketball, Bowling, Cheerleading, Football, Soccer, Softball, Swimming, Tennis**  
**PLEASE FILL OUT COMPLETELY IF YOU ARE APPLYING FOR A COACHING POSITION.**

Have you previously been a coach? Yes  No

If Yes: When? \_\_\_\_\_

Where? \_\_\_\_\_

Sport(s) \_\_\_\_\_

Please check the highest level of competition you played:

Recreation  High School  Collegiate  Professional

What is your coaching philosophy? (Number the following by importance)

- Having Fun
- Teaching team work
- Discipline
- Winning

Are you currently an NYSCA certified coach? Yes  No

Would you be willing to be certified? Yes  No

Do you have first aide training? Yes  No

Do you have CPR training? Yes  No

Are you willing to enforce & promote the Brunswick County Parks & Recreation Code of Ethics for volunteers?

Yes  No  (Below)

**As a volunteer I agree to:**

- Treat each participant, opposing coach, official, parent and league administrator with respect and dignity.
- Do my best to learn the fundamental skills, teaching and evaluation techniques and strategies of my sport.
- Become thoroughly familiar with the rules of my sport.
- Become familiar with the objectives of the sport with which I am affiliated. I will strive to achieve these objectives and communicate them to my participants, their parents and friends.
- Uphold the authority of officials who are assigned to the contests in which I coach and I will assist them in every way to conduct fair and impartial competitive contests.
- Learn the strengths and weaknesses of my participants so that I might place them into situations where they have a maximum opportunity to achieve success.
- Conduct my program so that all participants have an opportunity to safely improve their skill level through active participation.
- Communicate to my participants and their parents the rights and responsibilities of the individuals.
- Cooperate with the administrators of our organization in the enforcement of rules, regulations and program philosophy, and I will report any irregularities that violate sound competitive or ethical practices or situations which may be deemed questionable or not in the best interest of the participants.
- Protect the health and safety of my players by insisting that all of the activities under my control are conducted for their psychological and physiological welfare, rather than for the vicarious interests of adults. I will report all injuries to parents and administrators as required.
- Have two adults present at all times.
- Return all equipment provided at the end of the season and to report any defective equipment immediately

**Coaches Agreement:**

I agree that if I am selected to coach a team: **(Please Initial)**

I will attend all coaches meetings or send a representative. \_\_\_\_\_

I will read, understand and abide by all league rules. \_\_\_\_\_

I will be responsible for the pick up, and the return of all equipment. \_\_\_\_\_

I will be responsible for my team and coach's conduct during practices and games. \_\_\_\_\_

I will be responsible for my teams' parental conduct during games. \_\_\_\_\_

I will set a good example for the players, parents, fans and the league. \_\_\_\_\_

**Release:**

I hereby release and agree to indemnify and hold harmless Brunswick County, the Parks and Recreation and any official, employee or volunteer of Brunswick County against any and all claims resulting from participation in this program, with my knowledge that by participating in this activity, I assume any risk of injury. I hereby give permission to Brunswick County to use and display any photographs taken of myself, which may be forwarded to newspapers and other publications in which the photograph would be associated with Brunswick County. I also give permission to receive any necessary medical treatment for injury or sickness, outpatient care and/or in-hospital treatment.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Coaching Applicants must Fill-out completely and sign

**Consumer Reports Release**

In connection with my application for: a) employment (including contract for services), or b) volunteer position, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

**FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY**

**(Name)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Other Names: Maiden, Aliases, etc. \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: 19 \_\_\_\_\_

Race: \_\_\_\_\_ Gender: M / F Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MANDATORY FOR BACKGROUND CHECK)

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:**

|    | Street | City  | State | Zip   | Dates (MM/YEAR)       |
|----|--------|-------|-------|-------|-----------------------|
| 1. | _____  | _____ | _____ | _____ | From: _____ To: _____ |
| 2. | _____  | _____ | _____ | _____ | From: _____ To: _____ |
| 3. | _____  | _____ | _____ | _____ | From: _____ To: _____ |
| 4. | _____  | _____ | _____ | _____ | From: _____ To: _____ |
| 5. | _____  | _____ | _____ | _____ | From: _____ To: _____ |

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_