

Youth Spring Ball Program

Volunteer Coach Form



90 E Civic Center Drive, Gilbert, Arizona 85296 | (480) 503-6200 | gilbertaz.gov/youthsports

Thank you for your interest in becoming a coach for the 2017 Youth Spring Ball Program. Please complete the following form. Your information will be sent to program staff, who will e-mail you soon with information pertaining to the upcoming coaches meeting on March 14, 2017.

PLEASE FILL OUT THIS FORM CAREFULLY!

**Indicates a required field.*

Contact Information

*First Name:

*Last Name:

Phone: (wk)

(hm)

*(cell)

Address:

City:

State:

Zip:

*Email:

Background Information

This volunteer position requires a background check screened through a third party. Volunteer agrees if any changes happen to inform the Town of Gilbert to update coach volunteer status.

*Are you a current volunteer with the Town of Gilbert?

If Yes, which department?

*Have you ever been convicted of or plead guilty or nolo contendere to a felony offense, misdemeanor or DUI?

*Have you ever been placed on probation?

Answering "Yes" will not necessarily disqualify you from volunteering with the Town (depending upon the position). If you answer "No" and your background check comes back with information stating otherwise you will automatically be disqualified from coaching. **If you answered "Yes" above please provide a brief explanation of the situation:**

Shirt Size

Your t-shirt size (adult sizes): Small Medium Large X-Large XX-Large XXX-Large

Coaching Preference

In which division do you prefer to coach?

Name of person you would like to coach with:

NOTE: Must be in same division and school.

Additional Information

*Will you have a child in the program?

If yes, child's name:

Child's school:

*Did you coach in this program last year?

If yes, what age group and division did you coach?

I hereby certify that all answers on this application are true. I understand and agree that any misstatement or omission of material facts contained in this application may disqualify me for a volunteer opportunity. I hereby authorize the Town of Gilbert to verify the accuracy of the statements on this application and for assignments considered safety or security sensitive, and authorize the Town of Gilbert to conduct a background screening through a third party vendor.

**You must select the checkbox above to submit this form.*