



Caledonia Youth Lacrosse Club
COACH APPLICATION

Last: _____ First: _____ Middle Initial: _____

ADDRESS

Street: _____ City: _____ State: _____ Zip: _____

Years In Michigan: _____ Years at present address: _____ *If less than 2 years, please provide previous address below:*

Street: _____ City: _____ State: _____ Zip: _____

PHONE (Please circle preferred contact)

Home: _____ Work: _____ Cell: _____

Email: _____

PERSONAL INFORMATION

Will you have a child(ren) in the program? _____ Age Level(s) _____

Name of son(s)/daughter(s) _____

EMPLOYER INFORMATION

Occupation: _____ Employer: _____

Street: _____ City: _____ State: _____ Zip: _____

COACHING HISTORY

What organizations know you as a volunteer? _____

What other sports have you coached and for what organization(s)? _____

Did you coach in the program last year? Yes _____ No _____

Why do you want to coach in the CYLC? What are your goals for the season? (Use back if necessary)

DESIRED COACHING POSITION FOR 2017

Please circle which age group and position preference (Please circle all that apply)

- | | | | | |
|--|--|--|--|--------------------------------------|
| 2 nd /3 rd /4 th Boys | 5 th /6 th Boys | 7 th /8 th Boys | Head Coach | Assistant Coach |
| 1 st /2 nd Girls | 3 rd /4 th Girls | 5 th /6 th Girls | 7 th /8 th Girls | Either Head Coach or Assistant Coach |

BACKGROUND INFORMATION

Have you ever been convicted of a criminal offense? _____ Yes _____ No

If **Yes**, are you willing to discuss with an CYLC Executive Board member? _____ (please initial)

If you answered "Yes" to the above question, please explain

- Please exclude any situation involving traffic violations for which the fine was \$200.00 or less or any offense that was settled in Juvenile Court or under a Welfare Youth Offender Law.
- All other **criminal** offenses, regardless of the date, must be listed and explained below.

Please list the names and phone numbers (with area codes) of three (3) people who will serve as a reference for you.

Last Name	First Name	Work Phone	Home Phone
1. _____			
2. _____			
3. _____			

Consent For Criminal Background History Check – Authorization/Waiver/Indemnity

I hereby give my permission in exchange for good and valuable consideration for the Caledonia Youth Lacrosse Club, hereafter known as CYLC, to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for the volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by CYLC and a procedure is available for clarification, if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and defend the CYLC and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, cost, debts, and sums of money, claims and demands whatsoever, (including claims for the negligence, gross negligence, and/or strict liability of the CYLC) and any and all related attorney’s fees, court costs, and other expenses resulting from the investigation of my background in conjunction with my application to become a volunteer member. I hereby affirm that my answers above are complete, true and correct and that I have not knowingly withheld any factor or circumstance that would affect my application. I understand that any false information submitted in this application (front and back) may result in my discharge. I hereby give my permission for the CYLC to perform a Criminal Background History Check, and also grant permission for reference check. I understand the Player Participation Rule and acknowledge its enforcement by the CYLC. I acknowledge that by simply submitting this application does not confirm acceptance as a volunteer with the CYLC until reviewed and approved by the CYLC Board of Directors.

Applicant's Signature _____ **Date:** _____

Applicants must read and sign this application