

**COACHES APPLICATION**

**NOTICE ALL INFORMATION**

**MUST BE FILLED OUT AS**

**COMPLETLEY AS POSSIBLE FOR**

**YOUR APPLICATION TO BE**

**CONSIDERED AS A COACH AT**

**New Hope Athletic Association**

**EVERYTHING MUST BE FILLED OUT COMPLETELY**

**APPLICATION FOR POSITION AS A NEW HOPE BASEBALL, SOFTBALL, FOOTBALL OR  
CHEERLEADER VOLUNTEER**

**(In order for your application to be considered all information must be completed)**

(Team) and (Age) group you are wishing to assist or coach \_\_\_\_\_

I, \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ Do hereby apply for the position

as a volunteer with the New Hope Athletic Association, Inc., hereinafter referred to as the

**Telephone numbers** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

State of \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

List addresses and phone numbers for the last 10 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_ yes \_\_\_\_ no

By whom? Address:

\_\_\_\_\_  
\_\_\_\_\_

Position Applying for: (Specify Position)

\_\_\_\_ Board Member \_\_\_\_ Assitant Coach \_\_\_\_ Coach \_\_\_\_ Baseball \_\_\_\_ Softball \_\_\_\_

\_\_\_\_ Cheerleading Coach \_\_\_\_ Football Coach \_\_\_\_ Other \_\_\_\_\_

Why are you applying for this position in this league? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, the charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

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Have you ever been charged or had criminal charges filed against you involving allegations of Sexual misconduct, drugs or controlled substances, improper use of alcohol, or any other Violent crimes such as assault, battery, or acts of family violence ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the charges : \_\_\_\_\_

Date of the Conviction or Charges: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

Have you ever had criminal charges of any sort filed against you that involved illegal or Improper conduct with a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes the charge: \_\_\_\_\_

Date of Conviction or Charge: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

List playing experience for the applicable sport or area for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List coaching or managerial experience for the applicable position for which you are Applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list three references regarding your managing or coaching qualifications if you are Applying for the position of a manager or coach.

Name	Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list three references regarding your **character** (may be same as above).

Name	Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you have a child participating in any activities of the association, please provide the Child's name and age: \_\_\_\_\_

**EVERYTHING MUST BE FILLED OUT COMPLETELY**

**STATEMENT OF APPLICANT'S UNDERSTANDING AND AGREEMENT**

1. I understand that the objectives of the Association are to nurture the youth of the Community, the ideals of the good sportsmanship, honesty, loyalty and courage, so that they may be stronger and happier youths who will grow up to be good, clean, healthy adults. In Addition, I will agree to provide the best possible education while making the game and Events enjoyable for the youth to play. By my participation in the Association, I Agree with these objectives and will strive at all times to set a positive example for Our youth so that this will lead to their development as good citizens and good athletes.
2. I have read, understand, and agree to abide by all rules and regulations as set forth by the applicable sport or event for which I am applying including the rule of the Association and all rules which are applicable to the association from the local state Or national sponsoring organization.
3. I understand that the Association may refuse to allow my participation with or without Any reason, with or without interviewing me and regardless of my prior participation in the association or other events.
4. I further understand that even if I am allowed to participate this year, the Association is not obligated or required to allow my participation next season, or in subsequent years.
5. I understand that I have applied for a voluntary position without pay, and thus serve at the pleasure of the association. I am aware that my participation in the Association may be terminated with or without any opportunity for me to present Evidence on my behalf. I understand and agree that I must confine any appeal as Allowed by the association rules, regulations or by-laws. IN THE EVENT THAT MY PARTICIPATION IN THE ASSOCIATION IS EVER TERMINATED AFTER IT HAS BEGUN, I HEREBY WAIVE ANY LEGAL CLAIM AGAINST THE ASSOCIATION ARISING IN ANY MANNER FROM THE ACT OR METHODS OF ANY TERMINATION.
6. I hereby grant the association permission to investigate this application for Participation as it sees fit, without limitation, the right to seek reference as I Have listed herein, and upon request I will provide additional references of character Or qualifications, If requested, I will consent to and obtain any and All criminal records or background checks as allowed by law for me to obtain Immediately upon receipt of request from the association.

I hereby authorize the association to make any investigation of my personal or employment History and authorize any former employer, person, firm, corporation, credit agency, law Enforcement agency or other governmental agency to provide unto the association any Information which they possess regarding me. IN CONSIDERATION OF THE ASSOCIATION CONSIDERING AND RECEIVING THIS APPLICATION, I RELEASE THE ASSOCIATION, THEIR AGENTS, SEVANTS, AND OTHER VOLUNTEERS AND ALL PERSONS WHO WOULD PROVIDE INFORMATION AS A RESULT OF THIS APPLICATION FROM AND AGAINST ANY LIABILITY RESULTING FROM FURNISHING AND RECEIVING OF THIS INFORMATION.

I declare under penalty or perjury that all of the foregoing information is true and correct To the best of my knowledge and belief.

This Application is signed this \_\_\_\_\_ Day of \_\_\_\_\_ 2009.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANT

**Gary Gulledge, Sheriff**  
**Paulding County Sheriff's Office**  
**And Detention Center**  
25 Industrial Way N.  
Dallas, Georgia 30132

**Consent**

I authorize Paulding County Sheriff's Office to run any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia for my personal review.

_____ FULL NAME	_____ SEX	_____ RACE	_____ DATE OF BIRTH
_____ ADDRESS			
_____ SOCIAL SECURITY NUMBER	_____ DRIVER'S LICENSE NUMBER		
_____ SIGNATURE OF REQUESTER LISTED ABOVE	_____ DATE SIGNED		
_____ NOTARY	_____ DATE		

Special employment provisions (check if applicable)

- Employment with mentally disabled (purpose code "M")
- Employment with elder (Purpose code "N")
- Employment with children (purpose code "W")

**ONE OF THE FOLLOWING MUST BE INITIALED**

\_\_\_\_\_ This authorization is valid for 90/180 \_\_\_\_\_ (circle one) days from date of signature

I \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the New Hope Athletic Association

**THIS CONFIRMS THAT A CRIMINAL HISTORY WAS RUN ON THE ABOVE SUBJECT**

\_\_\_\_\_  
Signature- Sheriff's Department Personnel

**ALL INFORMATION MUST BE FILLED OUT AND SIGNED**