



VOLUNTEER APPLICATION
PLEASE PRINT CLEARLY

DATE: _____

POSITION APPLYING FOR:

HEAD COACH _____ ASST. COACH _____ PARENT VOLUNTEER _____
Interested in representing your sport on the SCCYAA board? YES _____ NO _____

NAME: First _____ Last _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ E-MAIL: _____

SPORT INTERESTED IN COACHING: _____

EXPERIENCE IN SPORT: _____

BACKGROUND IN WORKING WITH YOUTH: _____

DO YOU HOLD ANY COACHING LICENSE OR CERTIFICATE? _____

IF YES, TITLE, DATE EFFECTIVE/EXPIRED: _____

ARE YOU CPR, FIRST AID OR AED CERTIFIED: _____

IF YES, DATE EFFECTIVE/EXPIRED: _____

I UNDERSTAND THAT:

This application does not guarantee my position as a volunteer coach, assistant coach or parent volunteer.

I also understand that I am required to follow the rules/code of conduct as described in the by laws of SCCYAA.

SCCYAA shall have the authority to deny participation to any person involved in violation of said rules/code of conduct and by laws.

SIGNATURE: _____

PRINTED NAME: _____

APPROVED: _____ DATE: _____