Volunteer Basketball Coach Application

Please submit to Portland Parks & Recreation Office: 265 Main St / PO Box 71

It is the Town's policy to provide a safe environment and therefore shall perform a criminal history background check on each Youth Basketball Coach Applicant. By completing this form you are consenting to a criminal history background check. Completion of a form does not guaranteed placement

COACH INFO	RMATIO	N			
					ecurity #:
Home Phone:					
Child I wish to coach: _			Gr	ade:	Male / Female
Program you are ii	nterested in vo	lunteering f	or (select all that mag	apply):	
Head Coach	Asst. Coach		Boys League 🔘	Girls League C)
2 nd Grade	3^{rd} / 4^{th} Grade	5	th / 6th Grade	7 th / 8 th Grade	Grades 9-12
Please list any nights t	hat you ARE ave	ailahle to nrac	etice - (no weeknight n	actice for Kindergarten and	grade 1, grade 2 will play on Thursday
				_	Friday at 5:00, 6:00, 7:00 or 8:00 PM
evenings at valley view)	praetices are neid	one nour per	week / may be sened	area wionaay arroagii i	11day at 3.00, 0.00, 7.00 of 0.00 f W
Days and times I A	M available to	coach:			
If possible, I would like					
1					
Coaches are <u>requir</u>	<u>ed</u> to attend th	ne Orientati	on Meeting prio	to the start of the	season. Dates are TBD
Please list any certific	ations you hold t	hat are releva	nt to this position,	nclude expiration date	es (i.e. CPR/ First Aid/ etc.):
Have you ever been con If yes, please explain: _ For purposes of this app					esNo ng while impaired and driving while
intoxicated are not cons			ng responsionny, en	548.118 111 Paroun, univi	is with impation and arriving with
HOLD HARM	ILESS AG	REEME	NT		
I further release, hold	harmless, for mys	self and for my	heirs, assigns, succe	ssors, executors, admin	istrators, and legal representatives,
agree that I will not su	e the Town of Po	ortland, or its a	gents, servants, or emp	loyees, from or regarding	any injury or loss to person or property,
including wrongful death	or emotional injury	, that I may sust	ain while performing	ommunity service work for	or the Town of Portland, even if such
injury or loss was caused	by the negligence o	f the Town of P	ortland or its agents,	servants or employees. l	I do understand that if I am injured
while performing assign	ed work I will rep	ort it immedia	tely, but as I am not	in employee of the Town	n of Portland I have no right to claim
a worker's compensation	n injury. Further,	that I will be r	esponsible for any m	edical bills should I bec	come injured. I understand that by
signing this form, here	by agree to abide	by proper wo	orkforce conduct an	l will conduct myself i	n a respectful manner while
working with Town em	-			Ž	
	,				
CERTIFICATION	DN	By signin	ng, you are attesting th	at you have read the abov	e Hold Harmless Agreement
"I certify that all the ini	formation submitt	ed by me on th	nis application is true	and complete, and I un	nderstand that if any false
information, omissions,		-	**	•	-
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Applicant Signature: _					