

**OCEAN CITY RECREATION & PARKS DEPARTMENT**  
**200-125TH STREET, OCEAN CITY, MD 21842**  
**(410) 250-0125 (VOICE)**  
**(410) 250-5409 (FAX)**

**APPLICATION TO VOLUNTEER AND COACH**

Thank you for taking the time to fill out this application to be a volunteer. The Ocean City Recreation and Park's Department's staff recognizes the time and effort volunteers donate to recreational programs and we appreciate their support of our youth.

Please fill out the following application. Please **print** your responses. Thank You.

**Name of Program:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**(C)Phone:** \_\_\_\_\_ **(H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(This person will be called if something happens to you while volunteering)

**Place of Employment:** \_\_\_\_\_

**Employer Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list the days & times you can be committed to this program:** \_\_\_\_\_

\_\_\_\_\_

**Please list any conflicts that you may have that will interfere with your commitment:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any special requests for the team you will be coaching? I.e., my child needs to be on my team, I have a sponsor, I would like a specific assistant coach, Etc.**

\_\_\_\_\_

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**Please note any volunteering or coaching experience you have had (including specifics such as number of years, sports involved with, location of programs you've worked with, etc.)**

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**What age group/grades do you like to work with & why?**

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**List any certifications you may have relevant to coaching or working with children.**

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**A law requiring employers to have all volunteer and employees who come in contact with children go through a federal background check is in effect. Volunteers must agree to have a background check done. Would you have any objections to this?**

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**All coaches are required to get certified thru the NAYS program. We administer the program. Do you have any objections to this? \_\_\_\_\_ Are you certified ? \_\_\_\_\_**

**Any additional comments please fill in below:**

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**Thank you for your time and commitment.**

**Please sign:**

\_\_\_\_\_ **Date:** \_\_\_\_\_