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.

_____

_____

_____

_____

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.)

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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?

_____

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:

_____

_____

_____

_____

Thank you for your time and commitment.

Please sign:

_____ **Date:** _____

Discover an ocean of fun!
Ocean City Recreation & Parks

BACKGROUND INFORMATION
Consent and Release Form

Applicant's Name (Please Print)_____

Date of Birth _____**Social Security Number**_____

Applicant's Address___ _____

City _____**State**_____**Zip**_____

I, _____**, authorize and give consent for the Ocean City Recreation and Parks (OCRP) Department to obtain my personal information. This includes the following:**

- **Employment Records/Employers' References**
- **Criminal Background Records/Information**
- **Criminal Background Check/Fingerprints**
- **Social Security Verification**
- **Training/Experience**
- **Personal References**
- **Addresses**
- **Any other information deemed pertinent by OCRP**

I, the undersigned, authorize this information to be obtained in writing, through computer search, or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the OCRP's guidelines.

Print Name:_____ **Date:**_____

Signature:_____

For Office Use Only:

Name of Supervisor:_____ **Other:**_____
Job/Program:_____