

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:** _____



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: _____