



VOLUNTEER APPLICATION

Please Print Clearly and Use Blue or Black Ink

Date: _____

Name: _____ Maiden Name (if applicable): _____

Home Address: _____ City: _____ State: _____ Zip: _____

How long at current address?: _____ (if less than 7 years, list previous addresses)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Fax: _____

Driver's License Number and State: _____ D.O.B: _____

Employment History:

Current Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____ How long?: _____

Education	Date of Graduation	Name of School	Field or Degree
___ High School/GED	_____	_____	_____
___ Associates Degree	_____	_____	_____
___ College Degree	_____	_____	_____
___ Graduate Degree	_____	_____	_____

What is your Marital Status? () Married () Single () Divorced

In case of an emergency call:

Name: _____ Phone: _____

Relationship to you: _____ Alternate phone: _____

Do you have any illness or medical condition that would affect your ability to provide volunteer services? () Yes () No

If yes, please provide a list of all illnesses or medical conditions: _____

In the past five years, have you ever been arrested or convicted of any *criminal offense including but not limited to driving while intoxicated*? () Yes () No

If YES, please explain: _____

References: Please list the name, occupation and telephone numbers of three people (other than relatives) who know you well enough to provide us with a reference.

<u>Name</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Community Center/Park Applicants: Complete this section

Community Center/Park in which you are interested in volunteering: _____

Areas in which you are you interested in volunteering: _____

Any past experience in that area: _____

Hours you are available to volunteer: _____ Days of the week you are able to volunteer: _____

All volunteers must wear an official SPAR Volunteer shirt and ID badge to the community center each day. T-shirt size: _____

Athletics Applicants: Complete this section

What is the sport(s) to which you are applying: _____

Position to which you are applying: ___ Coach ___ Assistant ___ Other: _____

Have you ever played this sport?: Yes No If yes, number of years: _____ Highest Level Achieved ? : _____

What other sports have you played? (use an additional sheet if necessary)

Sport	Highest Level	Years Played
_____	_____	_____
_____	_____	_____

What other sports have you coached? (use an additional sheet if necessary)

Sport	Sponsoring Agency	Highest Level	Years Played
_____	_____	_____	_____
_____	_____	_____	_____

Describe any formal training you may have had as a coach (PE degree, coaching courses, clinics, etc.):

Describe any informal training which would help you as a coach (coaching manuals, sports instruction videos, etc.):

In which areas of coaching do you feel that you need training?

- | | | |
|---|---|--|
| <input type="checkbox"/> Rules | <input type="checkbox"/> Communication with Parents/Players | <input type="checkbox"/> Strategy |
| <input type="checkbox"/> Developing Sportsmanship | <input type="checkbox"/> Safety | <input type="checkbox"/> Motivating youngsters |
| <input type="checkbox"/> Organizing practices | <input type="checkbox"/> Warm up and physical conditioning | |

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the City of Shreveport to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the City may repeat this criminal history check at any time.

Signature

Date

FOR OFFICE USE ONLY:

Date Application Received: _____ Employee Initials: _____ Date Background Initiated: _____

Results: _____ Notes: _____