



# Crisp County Recreation Department

## *Coaches Application*

**Date:** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**May we text you?** \_\_\_\_\_ **Cell provider** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Current Employer** \_\_\_\_\_ **Number of Years** \_\_\_\_\_

**May we contact you at work?** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Have you ever coached with CCRD?** \_\_\_\_\_ **Sport** \_\_\_\_\_ **Years** \_\_\_\_\_

**Which activity program will you be interested in coaching?** \_\_\_\_\_

**Have you ever completed any coaches certification or training classes?** \_\_\_\_\_

**Please Explain:** \_\_\_\_\_

**Briefly describe why you would like to coach for CCRD:**

\_\_\_\_\_  
\_\_\_\_\_

**In your opinion, what would make you a good coach?**

\_\_\_\_\_  
\_\_\_\_\_

Georgia Bureau of Investigation  
Georgia Crime Information Center

Consent Form

I hereby authorize the Crisp County Recreation Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Please Print Full Name:

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Please Print Full Address:

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\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Special employment provisions:

- Employment with mentally disables (Purpose code M)
- Employment with elder care (Purpose code N)
- (\*\*) Employment with children (Purpose code W)

**I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment/volunteer work with Crisp County Recreation Department.**