



Parks, Recreation and Cultural Services
230 West Elm Street, Lodi
(209) 333-6742
Lodi.gov/PRCS
prdept@lodi.gov

YOUTH SPORTS VOLUNTEER COACH APPLICATION

SPORT _____ LEVEL _____

I am requesting to be a: Head Coach Assistant Coach

Public Resources Code 5164 requires the City of Lodi to screen those volunteers having supervisory authority over minors through the Department of Justice's fingerprinting process. In compliance with current law and as part of the city's obligation for due diligence in screening people who work with children and act on behalf of the City of Lodi, you will be required to be fingerprinted if assigned as a head coach or assistant coach. A prospective volunteer may be rejected if determined to be a current abuser of drugs or intoxicating liquor, conviction of a crime involving moral turpitude, or any crime which would reasonably be expected to affect the applicant's ability to perform the duties of the position applied for or which could reasonably be expected to reflect adversely on the mission of the City. The City shall retain any information gathered during the process in confidence.

Have you been fingerprinted for the City of Lodi before? _____

If yes, when _____

Name _____
(First) (Middle) (Last)

email: _____

Address _____

Cell/Home Phone _____

City _____ Zip _____

Work Phone _____

Have you ever been convicted by any court of an offense? Yes No

If yes, list all offenses you were convicted of (or common name of offense) and the penal code section you were convicted of violating. Please place this sheet of paper in a sealed envelope and attach to application. Conviction is **not** necessarily disqualifying. You may omit: a) traffic violations for which the fine imposed was \$50 or less; b) any offense committed prior to your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law; c) any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45. A "Yes" answer is not an automatic bar from employment.

The City of Lodi youth sport programs provide an enjoyable learning environment for youngster's physical, social and personal development. The responsibility of the volunteer coach is to teach responsibility and commitment, develop sport skills, teach cooperation, develop positive attitudes toward authority, and to provide a fun and enriching experience. Coaches assume a role as teacher and carry out lesson plans which develop skills through progressive teaching, emphasizing positive sports values and encouraging lifelong interest in the sports in which they participate.

By signing below, you agree that: 1) the position shall be for that sport season; 2) you recognize and agree with all duties and responsibilities as established by City of Lodi; 3) you agree to use your best effort in executing the obligation of a coach for City of Lodi.

(Initial) **I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree that misstatements and/or omissions of material fact will be a basis for rejection of this application or applicant.**

SIGNATURE _____ DATE _____

Coaches will be contacted when they are assigned a team.

Please list your children (if any) or other children that will be participating in the program you are requesting to coach.

NAME

BIRTH DATE

_____	_____
_____	_____
_____	_____

COACHING BACKGROUND

Have you coached this sport before Yes No Number of years _____

What team did you coach most recently? _____ Year _____ Sport _____

Please describe your coaching related experiences. Include paid and volunteer work _____

Did you coach a Lodi Parks and Recreation/B.O.B.S. team last year? Head Coach Assistant

If head coach, who was your assistant?

Name _____ Team Name _____ Level _____ Boys Girls

What other sports have you coached?

SPORT	SPONSORING AGENCY	AGE LEVEL	YEARS COACHED
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_____	_____	_____	_____
_____	_____	_____	_____

TRAINING BACKGROUND

Have you had any formal training as a coach? Yes No If yes, please describe (i.e, PE degree, coaching courses, etc.)

Have you attended any training clinics Yes No Year _____ Sport _____

Clinic Name(s) _____

Do you have a current CPR/first aid card? Yes No Year completed _____

RELATED SPORT INFORMATION

Have you played this sport on an organized team? Yes No Number of years _____ Level _____

REFERENCES

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____

For staff:

Date Received	Staff Initials	Prior DOJ Approval	DOJ Approval Date	Team
		Y / N		