

## West Chicago Park District Youth Athletics Volunteer Application Form

Date:			

Sport:	League:	Position:		
Full Legal Name of Applican	t*		Sex: M*	F*
Address:				
	State			
Home Phone:	Wor	k Phone:		
Cell Phone:	Emai	l:		
Date of Birth*/	/ Social Security Number*			
Drivers License Number*		State* Exp. Date:		
Unknown)	e, Mexican, Latino; B: Black; A:Asian,			
Previous Address (Please lis	t if not at current for 5 years or longe	er)		
Address:				
	State:			
	o are not family members)			
City:	State:	_ Zip Code:		
	State:			
City:	State:	_ Zip Code:		
•	d, charged, or convicted of a crime?	YES	NO	
•	ntly have a problem with drugs and/		NO	

What i	s you motivation in volunteering for this position?
What	experience have you had working with children?
 List an	y formal training that you have completed that is related to this position
Are th	ere any other considerations you would like to note? (Possible assistant coaches or co-coaches, etc)
	rstand and agree that: The West Chicago Park District and the sports coach's committee have final decision on coaching application
2.	This application is valid for ONE sport and a new application has to be completed for continued volunteer assignments thereafter.
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3.	By submitting the application, I, the applicant, affirm that all the foregoing information I have provided is t and correct to my knowledge.
4.	and correct to my knowledge.  By submitting the application, I, the applicant, agree (in return for being permitted to volunteer) that if any the foregoing information is INCORRECT, I will forever indemnify and hold the West Chicago Park District