

ODC COACH REGISTRATION FORM

Applicant's Name: _____

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

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

DOB: _____ SSN#: _____ TX Driver's License #: _____ Exp. _____

Occupation: _____ Employer: _____

Employer address: _____

What sport and age level are you interested in coaching? _____

Do you have children in the ODC program? _____ If yes, at what level and how long? _____

Community affiliations (clubs, service organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

Special Certifications (CPR, Medical, etc.) _____

Have you ever been convicted or plead guilty to any crimes or offenses? If yes, please explain:

Please list three references, at least one that has knowledge of your participation as a volunteer in a youth program:

Name

Phone

As a condition of volunteering, I give permission to the Oaks Dads Club to conduct a background check on me, which may include a review of the sex offender registries, child abuse and criminal history records and I understand that, if appointed, my position is conditional upon the club receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Oaks Dads' Club, its directors, officers, employees and volunteers thereof or any other person regardless of previous appointments. Oaks Dads' Club is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Corporate or Program President and removal by the Corporate or Program Board of Directors for violation of the Oaks Dads' Club's policies and principles or if any information provided by me is determined to be false or has changed.

Applicant's Signature: _____

Date: _____