

COLOR COPY
OF DRIVER'S
LICENSE

LEE COUNTY PARKS & RECREATION

141 PARK ST ~ LEESBURG, GA ~ 31763 ~ 229-759-6047

COACHING APPLICATION

2021

BASKETBALL/FASTPITCH/FOOTBALL/CHEER

NAME: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ DATE OF BIRTH: _____
(PLEASE NOTE: A COLOR copy of your driver's license MUST be provided to complete your application.)

EMAIL: _____ MOBILE #: _____

As email will be the primary way we communicate with you regarding game schedules, uniforms, etc., please be sure to give us an email address that you check daily.

MAILING ADDRESS: _____

PLEASE CIRCLE YOUR SHIRT SIZE: S M L XL XXL XXXL XXXXL

YOUR CHILD'S NAME: _____ AGE GROUP: _____

PROGRAM REQUESTED

- Youth Basketball
- Youth Cheer
- Youth Fastpitch
- Youth Football

DIVISION REQUESTED

- 6 & Under
 - 8 & Under
 - 10 & Under
 - 12 & Under
 - 14 & Under**
- **Fastpitch & Basketball Only

POSITION REQUESTED: Head Coach Asst Coach*
*If assistant, please give name of Head Coach _____

► Have you ever coached for the LCRD before? Yes _____ No _____
If no, do you have any other coaching experience? Yes _____ No _____
If yes, please explain: _____

► Have you ever had a DUI? Yes _____ No _____ If yes, when? _____

PLEASE GIVE DETAILS TO THE FOLLOWING QUESTIONS IF YOUR ANSWER IS YES:

► Have you ever been convicted of a felony? Yes _____ No _____

► Have you ever been convicted of a misdemeanor? Yes _____ No _____

The purpose of this form is to authorize the LCRD to obtain a copy of your background check and/or related records.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued volunteer status. I further understand and also realize that the information so released will be held in the strictest confidence and may prove unfavorable to my being selected for the position or have an adverse affect on my present volunteer status with the Recreation Department. This release will be in effect for volunteer consideration and shall continue to be in effect as long as I am a volunteer with the County.

I, therefore, release your organization and/or designated representative from any and all liability resulting from the disclosure of the confidential and privileged information.

YOUR SIGNATURE

DATE