

# LEE COUNTY PARKS & RECREATION

100-B STARKSVILLE AVE, N ~ LEESBURG, GA ~ 31763 ~ 229-759-6047

## COACHING APPLICATION 2020

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
  - 16 & 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 \_\_\_\_\_

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby give consent for the LEE COUNTY SHERIFF'S OFFICE to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (Print):				
Address: (Please put City, State, & Zip)				
Sex:	Race:	Date of Birth:	Social Security Number:	State Born:

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Company Name: \_\_\_\_\_

X \_\_\_\_\_

Signature

Date

**DO NOT WRITE BELOW THIS LINE:**

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (circle one)

<input type="checkbox"/>	Employment (E) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M)- Provides Georgia Criminal History Record Information.
<input type="checkbox"/>	Employment with Elder Care (N)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P)- Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI Attached/ released:

<input type="checkbox"/>	No NCIC/GCIC Warrant Results Available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency Listed Below
Wanting Agency Name & Phone #	

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date

**LEE COUNTY SHERIFF'S OFFICE**  
**P.O. BOX 610**  
**LEESBURG, GA 31763 229-759-6012**