

Peoria Park District Youth Sports Coach Application

Part A

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Email _____

****Driver's License #** _____ ****Date of Birth** _____

Employer/ School _____ Title/Occupation _____

In an emergency, contact _____ Phone _____ Relationship _____

Do you have any condition or disability for which you may require accommodation to perform the essential functions of a task or activity? _____

Are you seeking to volunteer in order to satisfy court-ordered community service? ____ yes ____ no

Have you ever been a coach with the Peoria Park District in the past? ____ yes ____ no

When? _____ (If yes, skip to Part C.)

Part B

What has inspired you to share your time, your energy, and your talents with the Peoria Park District?

Please provide two personal references: (Please do not include relatives.)

Name Street Address City Zip Phone/ E-mail

Part C

Have you ever been convicted of a misdemeanor (crime involving dishonesty or violence) or a felony_crime?

____Yes ____No (If yes, describe.)

(Conviction will not necessarily be a bar to volunteering. Every instance and explanation will be considered individually.)

All coaching assignments are contingent upon the successful completion of screening requirements, for example: background checks, driver abstract check and/ or a drug screen. ****Your volunteer application cannot be processed or approved without the driver's license number, date of birth or signature.**

Your signature authorizes the investigation of all information pertaining to the screening items as may be necessary.

Signature of Volunteer or Parent/Guardian _____

A parent/guardian must sign for a minor.

Peoria Park District Youth Sports Coach Liability Waiver

Volunteer's Name (Please Print) _____

Sport & Team Name: _____ Assignment Title: Coach/ Asst. Coach

As a volunteer for the Peoria Park District or the parent/guardian of a volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full responsibility of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in the volunteer program.

I do hereby fully release and discharge the Peoria Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me on account of participation in the volunteer program.

In the event of an emergency, I authorize Peoria Park District officials to secure from any licensed hospital, physician, and/or medical personnel or good samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that the Peoria Park District provides secondary medical expense coverage up to \$5,000 for injuries incurred while performing my volunteer duties. I also understand that my personal health coverage or medic are/medic aid coverage must pay first.

In addition, I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above details of the volunteer program waiver and release of all claims and permission to secure medical treatment.

Signature of Volunteer or Parent/Guardian _____

A parent/guardian must sign for a minor.

Date _____ Telephone H: _____ W: _____

Please return the signed, dated copy to:

**Athletic Department
Peoria Park District
2218 N. Prospect Road
Peoria, IL 61603**

FAX: (309) 686-3384