



SAGINAW TOWNSHIP RECREATION VOLUNTEER COACHING APPLICATION

Thank you for your interest in being a volunteer coach. Please complete this form and submit it to the Saginaw Township Recreation Office.

PLEASE NOTE: Completion of this form **does not** guarantee a coaching position. A recreation staff member will contact you by telephone if you are selected to be a coach. All volunteers must complete a criminal background check form before they will be considered. Coaches are required to attend a mandatory coaches meeting.

Personal Information

Name: _____

Address: _____ City/Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you 18 years or older? ☐ Yes ☐ No

Volunteer Coaching Opportunities

I would like to coach: ☐ Boys ☐ Girls

Grade: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th-12th

Do you have a son/daughter playing in the league? ☐ Yes ☐ No

If yes, please list names and grades _____

Experience/Qualifications

Have you coached for Saginaw Township Recreation before? ☐ Yes ☐ No

If yes, what capacity? ☐ Head Coach ☐ Assistant Coach

Have you ever played this sport? ☐ Yes ☐ No # of Years _____

Have you ever coached this sport? ☐ Yes ☐ No # of Years _____

PLEASE COMPLETE REVERSE SIDE>>>>

Have you ever been refused participation in any youth sports program? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been ejected from a sporting event? ☐ Yes ☐ No

If yes, please explain _____

What are three primary goals that you are trying to achieve as a coach?

1. _____

2. _____

3. _____

Please describe any previous coaching experience you may have with any sport. Include number of years you have coached, age range of players, competitive nature of league and any other details you think are pertinent.

If you are selected as a coach do you need a specific day/time for practice? ☐ Y ☐ N

If yes what request _____

CODE OF ETHICS: If I am selected as a volunteer coach for Saginaw Township, I promise to set a good example for my team at all times. I will demonstrate and promote good sportsmanship in every aspect of the season, use appropriate language and tone at all times, and will encourage positive attitudes. I will place the emotional and physical well-being of my team ahead of my personal desire to win. I will provide all team members equal opportunity to learn and experience the sport.

I will consider the safety of all participants to be the top priority of the program, followed by good sportsmanship and fair play. I will remember that the program is designed for children and not adults, as a fun, rewarding, and educational experience, with emphasis placed on the fundamentals of the sport, not on winning at all costs.

I hereby pledge to provide positive support and encouragement to my team by following the Saginaw Township Coaches Code of Ethics.

Signature

Date



**Center
Courts**

Quality Recreational Programs

989-791-9860 • Fax 989-399-1106

3320 N. Center Rd. • Saginaw, MI 48603

SAGINAW TOWNSHIP RECREATION

VOLUNTEER BACKGROUND CHECK

As part of an ongoing effort to protect and provide the safest environment for the young people we serve, Saginaw Township Recreation will require background checks for all volunteers that will be directly working with our YOUTH programs.

Saginaw Township would like to thank you for generously offering your time and talents to work with the youth of our area and for the betterment of the program.

Volunteer must complete the information below:

First Name _____ Middle _____

Last Name _____

Maiden Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Race _____ ☐ Male ☐ Female

Home Phone _____ Cell Phone _____

I authorize Saginaw Township Recreation to conduct a criminal history background check locally and with the State of Michigan.

Volunteer Signature _____

Date _____

☐ HEAD COACH

☐ ASST. COACH

If assisting (with) _____

Sport _____

What Grade _____ ☐ Boys ☐ Girls

OFFICE USE ONLY

Drivers License

Employee _____