

P.O. Box 400  
Daphne, AL 36526

Daphne Recreation Department

PH(251) 621-3703  
Fax (251)621-3717

# ATHLETIC VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Volunteer's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Are you over 18 years of age?  YES  NO Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security # is needed to conduct a background check on all coaches. Thank you for your cooperation.

Mailing Address: \_\_\_\_\_  
STREET / P.O. BOX CITY AL ZIP

HM Phone: \_\_\_\_\_ WK Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Cell #: \_\_\_\_\_

VERY IMPORTANT - \*\*Fax: ( ) \_\_\_\_\_ \*\*Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

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If volunteer is under the age of 18, fill out the following:

Mother's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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Recreation Department Program you would like to volunteer for: (Check One)

Youth Soccer  Dixie Boys Baseball  Girls Fastpitch Softball  Football  Cheerleading

Age of child you will coach: \_\_\_\_\_

I would like to volunteer as a:  Coach  Asst. Coach  Team Parent

SHIRT SIZE:  Small  Medium  Large  Xlarge  XXL Large  XXX Large

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

## COACHES / ASST COACHES

What is your experience in athletics as a player or coach: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE READ AND SIGN BELOW:

In consideration of the submission of my volunteer application, I the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby release and discharge the City of Daphne and their officials and employees, other contributors, and volunteers of all claims of damages, demands, or actions whatsoever in any matter arising or growing out of my volunteer participation in the City of Daphne Recreation Programs, including travel to and from. I hereby certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand that, if at any time I display conduct that is deemed detrimental to the youth participants, league, Daphne Recreation Department or the City of Daphne, I will be dismissed from my position as a volunteer. I understand that the Daphne Recreation Department Youth Athletic Program is based upon the fundamentals of fun play, fair play and skill development and I will uphold these fundamentals to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

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League Assigned: \_\_\_\_\_

Age Division: \_\_\_\_\_