



Wells Parks & Recreation Volunteer Coach/Instructor Application



Name: _____

Phone: _____
Home Cell

Mailing Address: _____

How many years have you lived at this residence? _____

If less than 3 years please provide previous address: _____

E-Mail Address: _____

Sport/Program you are interested in Volunteering for: _____

Experience related to the sport/program you are interested in: _____

Education or Certification related to the sport/program you are interested in: _____

Have you ever coached or instructed a youth program? YES NO Please
provide us with the place where you coached/instructed, the sport/program, and the age of
children: _____

Do you have any training / certification in first aid? YES NO Date Expires

Do you have any training / certification in CPR? YES NO Date Expires

Have you ever attended a coaching or training clinic? YES NO

Please provide us with at least two personal references which can attest to your character:

Name Address Phone

Signature: _____

Date: _____