



Davidson County Parks and Recreation Department
310 East Center Street
Lexington, NC 27293
Phone: (336) 242-2286 Fax: (336) 242-2254

Volunteer Coach Application

Booster Club Affiliation: _____

Name: Last _____ First _____ Middle _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Sex: Male _____ Female _____

Have you ever volunteered for the Davidson County Recreation and Park Department before? Yes ___ No ___ If yes, when:

In what capacity? _____

Have you ever been convicted as an adult for a violation of the law? Yes ___ No ___ If yes, please explain in detail:



Coaching Preference
(Check All That Apply)

Boys _____ Girls _____

Sports:

FOOTBALL

Pee wee

Little League

SOCCER

6U

8U

10U

12U

14U

BASKETBALL

Instructional

Little League

Junior

Senior

BASEBALL

9-10

11-112

13-14

SOFTBALL

9-10

11-12

13-14

By my signature below, I verify that information I have provided is true and complete. I also confirm that I will notify and update the Davidson County Recreation and Parks Department of any changes to the information provided. I further authorize the Davidson County Recreation and Parks Department to conduct a criminal background check with the complete understanding that all information provided by me will be kept confidential.

Signature: _____ Date: _____



For Office Use Only

Background Screening Completed: _____ Application ___ Accepted ___ Denied