Boquet	Valley	Youth	Commission
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Lewis Town Hall PO Box 59

Lewis, NY 12950

(518) 873-6777

Please complete and return by fax (518) 873-2372 or email bvycommission@gmail.com

YOUTH SPORTS VOLUNTEER COACH APPLICATION

Full Name:		DOB:			
Address:		Zip Code:			
Phone:	Email:				
Have you ever volunteered for the E If so, in what capacity:				YES	NO
Do you hold current certification in	any of the following: C	PR FIRST AID	AED		
Please provide us with names and c	ontact information for tw	vo local references.			
Name:	Relationship:	Phone:			
Name:	Relationship:	Phone:			

COACHING PREFERENCE (please indicate all that apply):

Basketball	Baseball	Softball	Soccer
Grades K-2 (coed)	Grades K-2 (coed)	Grades 4-6 (girls)	Grades K-2 (coed)
Grades 3-4 (coed)	Grades 3-4 (coed)		Grades 3-4 (coed)
Grades 5-6 (girls)	Grades 5-6 (boys)		Grades 5-6 (boys)
Grades 5-6 (boys)			Grades 5-6 (girls)

Have you ever played this (these) sport(s) before? If so, please elaborate.

What is your coaching philosophy (winning, having fun, teamwork, discipline, etc.)?

Are you willing to enforce and promote the BVYC Code of Ethics for Coaches, Players, and Parents?

Boquet Valley Youth Commission

Have you ever been convicted of a crime? NO YES If yes, please explain in detail.

All volunteers or employees whose position requires routine access to children must be screened by the Bouqet Youth Commission. This screening will include a review of sex offender registries, child abuse, and criminal history records. I hereby release and hold harmless from liability the Boquet Valley Youth Commission, the officers, employees, agents, volunteers thereof, and any other person or organization that may provide such information in accordance with the law. I further understand that previous acceptance as a coach or volunteer for the Boquet Valley Youth Commission does not obligate the Boquet Valley Youth Commission to accept my current application.

By providing my signature below, I verify that the information that I have provided is true and complete. I also confirm that I will notify and update the Boquet Valley Youth Commission of any changes to the information provided. I further authorize the Boquet Valley Youth Commission to conduct a criminal background check with the complete understanding that all information provided by me on this application will be kept confidential.

Signature:

Date:_____