

OSAN YOUTH PROGRAMS
SPORTS AND FITNESS DEPARTMENT
AND OPEN RECREATION DEPARTMENT

VOLUNTEER APPLICATION

Name: _____ DEROS: _____

Social Security Number: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____

Address: _____

Unit: _____ Duty Address: _____

SPORTS COACHING PREFERENCES

- Baseball Softball Tee Ball
 Coach Pitch Soccer Basketball
 Flag Football Swim Team Other _____

SPECIAL ACTIVITY PRFERENCES

- Dances Special Seasonal Activity Mini-Lock in
 Carnivals Bar-b-cues Other _____

Are you a NYSCA certified coach? Y/N

If yes: when did you receive your certification? (mm/dd/yy) _____

I understand that as a Youth Volunteer Coach or Youth Services Volunteer, I may be required to attend a NYSCA certification clinic and/ or that a background check will be made on me. I also certify that I have not been arrested for or convicted of child abuse or neglect. Lastly, the Privacy Act of 1974 requires that I authorize access to my private records. Without my written authorization, I understand you will be unable to initiate an inquiry on me. In signing I also agree to follow the safety and discipline policy of the Youth Center as given to me on this date.

Signature _____ Date _____