Osan YP Volunteers / Coaches Cover Sheet

| NAME: | SSN: | |
|---------------------|----------|--|
| DEROS: | | |
| Please indicate: | | |
| Active Duty – Rank: | Civilian | |

Please provide the following information below:

| Bases/installations you have lived in the past <u>2 YEARS</u> | | | | |
|---|------------------------------|--|--|--|
| Base Name | Mailing Address at that Base | | | |
| 1. | | | | |
| | | | | |
| | | | | |
| 2. | | | | |
| | | | | |
| | | | | |
| 3. | | | | |
| | | | | |
| | | | | |
| 4. | | | | |
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NOTES:

1. Make sure that ALL coach/volunteer signature blocks are signed.

2. Make sure the coach/volunteer cover sheet bases are listed (if overseas, their previous PSC mailing address is needed; if stateside - previous stateside mailing address is needed).

3. Make sure that on ALL applications for the address block; you use your PSC address.

* Please complete the DD2981, DD3058, and DD2793 - add to the completed packet*

** Please e-mail completed packets to 51FSS.FSYY.youthcenter@us.af.mil or drop off at Youth Sports Office, Bldg 492. **



OSAN YOUTH SPORTS COACH/VOLUNTEER APPLICATION



| Personal Information | | | | | | |
|---------------------------------|------------------------|-----------|------------------|-------------|-----------------------|--|
| Last Name, First Name | e, MI: | | | DEROS | : | |
| Address: | | | City: | | Zip | |
| Phone: | | | Alternate Phone: | | | |
| Email: | | | Alternate Email: | | | |
| Date of Birth: | | | Active Duty | Civiliar | n Rank: | |
| Youth in program? | YES or | NO | | | | |
| If so, name(s): | | | | | | |
| l wo | ould like to: | Coac | h 🗌 Volur | nteer | Both | |
| Coaching | | | | | | |
| Head | Coach | | As | sistant Co | bach | |
| | | Sports Co | aching For: | | | |
| Soccer | Softball | | Boys Basketba | II | Girls Basketball | |
| Cheerleading | Flag Footl | ball | Baseball | | Volleyball | |
| | | Preferred | Age Group: | | | |
| Pee-Wee (5-6) | 🗌 Bantam (7-8) | Minor | (9-10) 🗌 Ma | ajors (11-: | 12) 🗌 Juniors (13-15) | |
| Previous Coaching Ex | periences: | | | | | |
| | | | | | | |
| Volunteering | | | | | | |
| STEM Club | Kids in the Kitchen | Gym/ | 'Fitness | | | |
| Other(s): | | | | | | |
| Previous Volunteer Experiences: | | | | | | |

| References (Must provide TWO references. They can be personal, professional, or educational.) | | | | | | |
|---|--|----------------------|-----------|--|--|--|
| First: | | Last: | , | | | |
| Phone: | Alternate Phone: | I | Email: | | | |
| First: | I | Last: | | | | |
| Phone: | Alternate Phone: | | Email: | | | |
| Background Information | | | | | | |
| Have you ever been arrested for or | charged with a crir | ne involving a chilc | I? Yes No | | | |
| If yes, please provide a description | of the disposition c | of the arrest or cha | rge(s): | | | |
| | | | | | | |
| | | | | | | |
| Have you ever been arrested for or | Have you ever been arrested for or charged with a crime involving drugs or alcohol? 🗌 Yes 🗌 No | | | | | |
| If yes, please provide a description | of the disposition c | of the arrest or cha | rge(s): | | | |
| | | | | | | |
| | | | | | | |
| | Consent a | nd Release | | | | |
| By signing this application, I, hereby, authorize and consent the Osan Youth Sports Programs to obtain information regarding my background and history. This may include but is not limited to: my employment records and references; personal references; criminal background records and information; criminal background check and fingerprinting; driver's license check; volunteering experiences; and other training experiences. | | | | | | |
| I agree to conform to adhere to AFI 34-144 regulations while volunteering for the program, and to refrain from the use of alcohol, tobacco, and illegal substances while in the program. | | | | | | |
| I will remember that coaching is a privilege and not a right. I can be relieved of my coaching duties at any time if I fail to live up to the standards set forth for all youth sports coaches at Osan Air Base, Republic of Korea. | | | | | | |
| I understand I am required to have a completed Installation Records check containing a records check of all installations on which I've lived or worked for two years before the date of this application. | | | | | | |
| I have read and understand the Osan Youth Guidance Policy. | | | | | | |
| Signature: | | | Date: | | | |
| | Office | | | | | |
| Office Use Only | | | | | | |
| Copy of CPR Certification Copy of First Aid Certification | | | | | | |