

The City of Rincon Parks and Recreation

Thank you for your interest in volunteering to coach with The City of Rincon Parks and Recreation. Submittal and completion of this form does not guarantee you a coaching position. Placement of coaches will be based on the number of participants registered, coaching experience, and coaches conduct. Once approved to coach you must complete a background check form and submit a copy of your driver's license. Approval to coach with our organization is contingent upon successful clearance of the background check. Our background check policy can also be found online.

Name:	Last,	First,		Middle
E-Mail:		Phone:		
Name of child (ren) playing in league: _			Age (s):
Position App	lied For: (Circle)	Hea	ad Coach	Assistant Coach
Age Group:			C	Coach Shirt size:
Have you ever l	peen convicted of a felor	ıy?	Yes	No
Please list pr	evious two years Coa	ching Exp	erience:	

I agree to adhere to The City of Rincon Local League Rules, and code of conduct at all times and further agree to complete the required certification program and / or coaches' clinic.

Signature

Date

Rincon Recreation Center 1004 Lexington Avenue Rincon, GA, 31326 912-826-0238