



Crystal Coast Girls Youth Volleyball League Coach Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN or Gov't ID: _____

Birth Date: _____ (Both Birth Date and SSN are required for background check.)

Activity for which I am applying to Coach: _____

Have you had any prior coaching experience? Please be specific.

All the information I have given is true to the best of my knowledge. I understand that by signing this application, I give Emerald Isle Parks & Recreation authorization to do a Criminal Background Check on me. Infractions will determine my status as a coach.

I understand, by signing this application that I am not guaranteed to be a coach and the determination of my status as a coach will be made by the Emerald Isle Parks & Recreation Staff.

Applicant's Signature

Date