

# VOLUNTEER COACH APPLICATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## **Education and Occupation:**

High School Name: \_\_\_\_\_  
College Name: \_\_\_\_\_ Other: \_\_\_\_\_  
Occupation (title, company): \_\_\_\_\_

## **Coaching:**

Sport you wish to coach: \_\_\_\_\_  
Preferred age group/league desired: \_\_\_\_\_  
Position Desired: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
Name the person you wish to coach with: \_\_\_\_\_ (He/she must also complete this form.)  
Your reason for applying: \_\_\_\_\_  
\_\_\_\_\_

## **Previous Experience:**

Instructional Leadership of Children (explain): \_\_\_\_\_  
\_\_\_\_\_

## Coaching Education:

Courses \_\_\_\_\_ Clinics \_\_\_\_\_ Books \_\_\_\_\_ Videos \_\_\_\_\_ Other \_\_\_\_\_  
(explain): \_\_\_\_\_

## Previous coaching experience:

Sport	Year(s)	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications (coaching): \_\_\_\_\_  
\_\_\_\_\_

CPR Certified: \_\_\_\_\_ Expires: \_\_\_\_\_ First Aid Certified: \_\_\_\_\_ Expires: \_\_\_\_\_

## **References:**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOLUNTEER REGISTRATION FORM**  
(PLEASE PRINT)

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Participant's Name	Birthdate	Program Name	Code #

*I have carefully read the Volunteer Wavier on the bottom and understand that my signature is required below in order for myself or my child to volunteer in North Mankato Sports. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for the City of North Mankato.*

Signature of Participant or Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER WAVIER FORM**

The City of North Mankato welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation.

Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The City of North Mankato continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

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As a volunteer, I recognize And acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project.

I agree to waive and fully release the City of North Mankato and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).

**North Mankato Sports, City of North Mankato,  
1001 Belgrade Avenue, North Mankato, MN 56003  
507-625-4141**

**CITY OF NORTH MANKATO**  
**VOLUNTEER EMERGENCY INFORMATION FORM**

1) Volunteer Name: \_\_\_\_\_

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Medical Information:

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Date: \_\_\_\_\_

City of North Mankato  
1001 Belgrade Avenue  
North Mankato, MN 56003  
(507) 625-4141  
Background Authorization Form

Date: \_\_\_\_\_

The following named individual has made application with this agency for:

Volunteer

Last Name of Applicant (Please Print): \_\_\_\_\_

First Name of (Please Print Full First Name): \_\_\_\_\_

Middle Name (Please Print Full Middle Name): \_\_\_\_\_

Maiden, Alias or Former (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history information to the North Mankato Police Department for the purpose marked above.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

WARNING PURSUANT TO MINNESOTA STATUTES  
§13.04, SUBD. 2 (TENNESSEN WARNING)

In accordance with the Minnesota Government Data Practices Act, an individual asked to supply private or confidential data concerning the individual must be informed of the individual's rights as they pertain to the private or confidential information to be collected from the individual. Private data is that information which is available to you, but not to the public.

The information collected from you, or from other agencies or individuals authorized by you, is used to determine whether to hire you or otherwise allow you to provide a service to us.

You are not required to provide this information; however, under Minnesota Statutes Section 123B.03, or Section 299C.62 or the Procedures for Employee Background Checks or Volunteer Background Checks developed by the City of North Mankato, if you do not supply the required information, you will not be considered for employment, your employment may be terminated based on the result of the background check or you may not be allowed to provide a service to us.

The use of the private data collected is limited to that necessary for the administration and management of our hiring process or our volunteer programs. Persons or agencies with whom this information may be shared include:

1. Human resources personnel;
2. Administration employees;
3. Officers, directors or department heads;

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the background check report or other private data maintained on you.
2. The right to be informed as to the content and meaning of that data.
3. The right to contest the accuracy and completeness of that data.

**City of North Mankato**  
**Parental/Guardian Consent for Minor Criminal Background Check**

\*This form must be completed by a parent or legal guardian and returned.\*  
\*No minor will undergo a criminal background check without this signed consent form.\*

A minor, \_\_\_\_\_, is applying for employment or volunteering with the City of North Mankato and the employee/volunteer will be working with children or vulnerable adults. The employment/volunteer process includes a criminal background check. As the parent or legal guardian of the above-referenced minor, I understand the purpose of these pre-employment/volunteer checks and hereby provide my consent for the background check.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name/Relationship to Minor: \_\_\_\_\_

Signature of Minor Applying for Employment: \_\_\_\_\_

Date: \_\_\_\_\_