



The City of Grove City Parks & Recreation Department

4035 Broadway, Grove City, Ohio 43123
614-277-3050



Richard L. "Ike" Stage
Mayor

Volunteer Youth Volleyball Coach Application

(Please Print)

Full Name: _____ Head Coach Assistant Coach

Address: _____
CITY ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: ___/___/___ S.S.#: _____ Male Female

Previous Address, if not at current address for 5 years: _____

Present Employer: _____ Date Employment Began: _____

Address: _____
CITY ZIP

Position: _____ Supervisor's Name: _____

Shirt Size: L XL XXL 3XL League choice: _____ Child's Name: _____

What is your motivation to volunteer for this position?

What experience do you have working with children?

List any formal training you have that relates to coaching children?

I agree to abide by the written rules and spirit of the City of Grove City Parks and Recreation Department that all programs are for the sole benefit of the children participating. I understand that I serve at the discretion of the City of Grove City Parks and Recreation Department and am under the direct supervision of the Baseball Administrator. I further agree to abide by the decisions made by the Baseball Administrator not specifically covered by the information furnished in the volunteer application. The above information is true and complete to the best of my knowledge. I understand that the City of Grove City may investigate the information I have furnished and I realize that any misrepresentation or false information in the application may lead to withdrawal of any volunteer services to the City. I consent that the City of Grove City may conduct a background check.

Signature: _____

Date: _____