



City of Hammond Recreation Department  
YOUTH SPORTS COACHING APPLICATION

**OFFICE USE ONLY**  
Completed Certification? Yes No  
Date: \_\_\_/\_\_\_/\_\_\_  
Labels/Emails: \_\_\_  
Mailing List: \_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_  
Gender (circle): Male Female Home Phone: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_  
Sport (circle): Volleyball Basketball Mailing Address: \_\_\_\_\_  
Shirt Size: AS AM AL XL XXL XXXL XXXXL City, State, Zip: \_\_\_\_\_

**CERTIFICATION INFORMATION**

Have you been certified with NYSCA before for any sport? Yes No  
If "Yes", which sport(s)? \_\_\_\_\_ Certification Dates: \_\_\_\_\_ to \_\_\_\_\_  
Do you have medical training or have you taken a course in sports-related injuries? Yes No

**NOTE:** All volunteers must complete the NYSCA Coaches Certification Course either online at [www.nays.org/coaches/](http://www.nays.org/coaches/) or on-site at the Michael J. Kenney Center for the sport selected above before being considered for a position. There is a \$25.00 fee to take the course online and a \$20.00 fee to take the course on-site. Please contact the program coordinator to determine the deadline to complete the certification.

**TEAM INFORMATION**

Select the coaching position you are applying for: Head Coach Assistant Coach  
Protected Pick (Head Coaches Only): \_\_\_\_\_ (1 player per head coach)  
How many teams are you willing to coach? One Two Three

Youth Volleyball Coaches: Select the division(s) you would like to coach  
1<sup>st</sup> Choice: \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13-15 Division  
2<sup>nd</sup> Choice: \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13-15 Division  
3<sup>rd</sup> Choice: \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13-15 Division

Youth Basketball Coaches: Select the division(s) you would like to coach  
1<sup>st</sup> Choice: \_\_\_ 5/6 Division \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13/14 Division  
2<sup>nd</sup> Choice: \_\_\_ 5/6 Division \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13/14 Division  
3<sup>rd</sup> Choice: \_\_\_ 5/6 Division \_\_\_ 7/8 Division \_\_\_ 9/10 Division \_\_\_ 11/12 Division \_\_\_ 13/14 Division

<u>Team #1 (Division: _____)</u>	<u>Team #2 (Division: _____)</u>	<u>Team #3 (Division: _____)</u>
Team Name: _____	Team Name: _____	Team Name: _____
Shirt Color: _____	Shirt Color: _____	Shirt Color: _____
Lettering Color: _____	Lettering Color: _____	Lettering Color: _____
Practice Day: _____	Practice Day: _____	Practice Day: _____
Practice Time: 6:30 7:30 8:30	Practice Time: 6:30 7:30 8:30	Practice Time: 6:30 7:30 8:30

**NOTE:** Practice day and time will be the same each week.

**VOLUNTEER AGREEMENT**

I understand that this application does not guarantee that I will be selected as a volunteer with the City of Hammond Recreation Department. All of the above information is true to the best of my knowledge, and any false information may cause the suspension of my privileges as a volunteer. I understand that the City of Hammond Recreation Department reserves the right to conduct a background check, and they may dismiss any volunteers at any given time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**IMAGE CONSENT/RELEASE**

I hereby give permission for images of myself and the child(ren) for whom I am guardian that are captured during the City of Hammond Recreation Department activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto. As such, I relieve and hereby agree to hold the City of Hammond, City of Hammond Recreation Department, affiliated organizations and sponsors or partners of the City of Hammond Recreation Department free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast. I understand that the recordings/interviews/photography are being carried out with my consent and so I assume full responsibility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Mail form and total fee to:**  
City of Hammond Rec. Dept.  
Attn: Sable Williams  
P.O. Box 2788  
Hammond, LA 70404

**Or drop off at:**  
Michael J. Kenney Center Office  
601 W. Coleman Ave.  
Hammond, LA 70403

**Please complete the Criminal Background Check Release Form on the back of this application.**



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**OFFICE USE ONLY**  
 Background Check Clear? Yes No  
 Date: \_\_\_/\_\_\_/\_\_\_

**CITY OF HAMMOND**

310 East Charles Street  
 P.O. Box 2788  
 Hammond, Louisiana 70404-2788

**Criminal Background Check Release Form**  
 Contract Employment

**Applicant's Release**

I, \_\_\_\_\_, having made application for  
 (last name) (first name) (middle name)  
 contract employment with the City of Hammond, do hereby authorize the Hammond Police  
 Department to complete a criminal background check on my past history. I further agree to hold  
 harmless any individual(s) or agency for the City of Hammond.

Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Position: Volunteer Coach  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Drop off application:</b> Michael J. Kenney Center 601 West Coleman Avenue Hammond, Louisiana 70403	<b>Mail application to:</b> City of Hammond Rec. Dept. Attn: Sable Williams P.O. Box 2788 Hammond, Louisiana 70404	<b>Fax application to:</b> Attn: Sable Williams (985) 277-5907
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