



# City of Hammond Recreation Department

601 West Coleman Avenue, Hammond, Louisiana 70403 Phone (985) 277 5900

## YOUTH SPORTS COACHING APPLICATION

### APPLICANT INFORMATION All applicants must be at least 18 years old.

Name: \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Gender: Male Female Home Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Sport: Softball Baseball Basketball City, State, Zip: \_\_\_\_\_

Shirt Size: S M L XL XXL XXXL Email: \_\_\_\_\_

### TEAM INFORMATION

Select coaching position: \_\_\_ Head Coach \_\_\_ Assistant Coach If assistant, name head coach: \_\_\_\_\_

#### CHECK DIVISION FOR TEAM TO COACH

<u>Youth Baseball</u>
____ T-Ball
____ 7/8 Division
____ 9/10 Division
____ 11/12 Division
____ 13-14 Division

<u>Girls Softball</u>
____ T-Ball
____ U8 Division
____ U10 Division
____ U12 Division
____ 13-18 Division

<u>Youth Basketball</u>
____ 5/6 Division
____ 7/8 Division
____ 9/10 Division
____ 11/12 Division
____ 13/14 Division

### LIABILITY INFORMATION

**VOLUNTEER AGREEMENT** I understand that this application does not guarantee that I will be selected as a volunteer for 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 volunteers at any given time.

**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 publicly 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_



**City of Hammond Recreation Department**  
**YOUTH SPORTS COACHING APPLICATION**

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 # _____	Position: <u>Volunteer Coach</u>
Date of Birth _____	Date: _____
Signature: _____	Date: _____
Witness: _____	

<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. P.O. Box 2788 Hammond, Louisiana 70404	<b>Fax application to:</b> Attn: Program coordinator (985) 277-5907
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