

Waterloo Leisure Services
1101 Campbell Ave., Waterloo IA 50701

Youth Sports Coach Application

First Name: _____ Last: _____ Middle Initial: _____

Soc. Sec. #: _____ Birthdate: _____

Address: _____
Street City Zip

Home Phone #: _____ Work Phone #: _____

Occupation: _____ Employer/School: _____

Employer/School Address: _____

Employment Supervisor: _____

References: (Non-family members)

Name	Relationship	Phone # or Address
1. _____		
2. _____		
3. _____		

Have you ever been convicted of any crime other than a traffic violation? _____ If yes, please explain: _____

Are you listed on a sex offender registry? Yes or No

Are you listed on the Department of Human Services' Child Abuse Registry? Yes or No

Has any civil or criminal complaints, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or physical abuse? Yes or No If Yes please explain: _____

In case of emergency, please contact:

Name Relationship Phone #

I believe the above information to be true and complete. I agree to attend any training sessions if asked. The relationship between the Leisure Services and volunteer is an "at will" arrangement, and may be terminated at any time without cause by either party.

Signature: _____ Date: _____



Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Waterloo whether the records are of a public, private or confidential nature.

The intent of this authorization is to give consent for a full and complete disclosure of the following records: law enforcement.

I understand that any information obtained directly or indirectly, in whole or in part will be considered in determining my eligibility for volunteering with the City of Waterloo. I also certify that any person(s) are released from any and all liability, which may be incurred as a result of furnishing information to the City of Waterloo. I further release the City of Waterloo from any and all liability, which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this "Authorization for Release of Information".

A signed copy of this release is to be given the same force and effect as the original.

Volunteer Position: _____

Signature of Applicant: _____

Driver License #: _____

Social Security #: _____

Signature of Witness: _____

Date: _____

Please return completed form to City of Waterloo Leisure Services Department
1101 Campbell Avenue, Waterloo IA 50701.