

# HEAD COACH

## **Only Head Coach may approach/confer with the Officials**

### **VOLUNTEER APPLICATION ACCEPTANCE POLICY**

#### **Applicant retains copy of this policy**

It is the policy of the Peach County Board of Commissioners that all coaches, assistant coaches, and all other volunteers that the Peach County Recreation Department recognized as part of an event or program, will fill out a Recreation Department "Consent to Conduct Background Check" form. A background check will be conducted on all volunteers. Reasons for denial are:

1. Falsifying consent form.
2. Arrest or conviction for crime involving moral turpitude.
3. Recent arrest or conviction for any crime that would be detrimental to the well being of minor or adult participating in a Peach County Recreation Department event.
4. Although volunteer coaches for the Peach County Recreation Department will not be required to have a drug screening prior to providing service to the department, they will, however, be required to sign for receiving a copy of the Peach County Substance Abuse Policy and will abide by the regulations contained therein. Volunteer coaches are not safety sensitive workers and will, therefore, not be subject to random testing.



PEACH COUNTY  
PARKS & RECREATION DEPARTMENT  
HEAD COACH APPLICATION

SPORT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Beeper or Cell): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CHILD'S AGE: \_\_\_\_\_

*IF WANTING TO COACH HIS/HER TEAM*

Are you a returning HEAD Coach? Yes or No  
If yes, do you wish to return to the same age group? Yes or No  
If yes, what division (age group)? \_\_\_\_\_

Are you a returning ASSISTANT Coach? Yes or No  
If yes, what division (age group) did you assist? \_\_\_\_\_

Are you a NEW COACH? Yes or No  
What division (age group) are you requesting? \_\_\_\_\_  
1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_

Do you have any prior experience in coaching this sport? Yes or No  
If yes, list experience: \_\_\_\_\_  
\_\_\_\_\_

Have you coached any other sport(s) with the Peach County Recreation Department? Yes or No  
If yes, list the sport(s): \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

**VOLUNTEERS WHO WORK WITH CHILDREN ARE REQUIRED BY LAW TO REPORT SUSPECTED CHILD ABUSE.**  
*I understand that this is an APPLICATION ONLY and does not automatically entitle me to coach. I also understand a BACKGROUND CHECK may be conducted. If chosen to coach, I understand that under certain conditions, I can be relieved of my coaching duties at any time.*

**ONLY HEAD COACHES MAY APPROACH/CONFER WITH OFFICIALS.**  
**ASSISTANT COACHES WILL BE SELECTED AFTER TEAMS ARE FORMED.**

<p>OFFICIAL USE ONLY</p> <p>Team Assigned: _____</p> <p>Date: _____</p> <p>Approved by: _____</p>
---

\_\_\_\_\_  
Signature Date





## FOR HEAD COACHES:

**I understand that I will attend the following:**

{Please initial each event below}

\_\_\_\_\_ Tryouts (Mandatory)

\_\_\_\_\_ Drafts (Mandatory)

\_\_\_\_\_ Coaches Meeting (Mandatory)

\_\_\_\_\_ Saturday Coaches Clinic OR Online Coaches Certification  
(\$20 Fee NAYS) (Mandatory)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

Thank you for your commitment,

**Damian Smith**  
Athletic Director  
Peach County Recreation Department  
478-825-3334  
damian-smith@peachcounty.net