



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PERSONAL INFORMATION

Name: _____ DOB: _____

Phone Number: _____ Drivers License# _____

Address: _____ City: _____ State: _____

Zip: _____ Emergency Contact: _____ Phone: _____

Are you authorized to work in the U.S.? Yes No

Have you ever plead guilty to, or been convicted of a criminal offense? Yes No

If yes, give dates and circumstance: _____

EMPLOYMENT

Current Employer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA with any relevant information and references that may be required to arrive at an employment decision and hereby release said entities from any and all liability. I understand that the misrepresentation or omission of a material fact on my application may be justification for refusal of employment. In the event I am employed, I agree to comply with all rules, regulation, and guidelines as set forth in the YMCA's policy manual or other communications distributed to employees. I authorize the YMCA to supply my employment record, in whole, or in part, and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest. I understand that completion of this form does not guarantee me status as an applicant or any consideration of employment unless I meet all minimum qualifications required of the position for which I am asking to be considered and until all necessary reference, driving, and criminal history checks have been completed as necessary. I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE AS A CONDITION OF MY EMPLOYMENT.

Signature of Applicant: _____ Date: _____

Baker County YMCA 3715 Pocahontas Rd, Baker City OR 97814. 541-523-9622



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VOLUNTEER APPLICATION

Position you are applying for: Head Coach Assistant Coach Other

Are you 18 years or older? Yes No Sport you are volunteering for: _____

Grade Level: PK K 1 2 4 5 6 7 8

Have you coached this sport before? Yes No Years of coaching experience: _____

If you are coaching your child, please list their name: _____

COACHING EXPERIENCE

What sports have you played? (Please list sport and number of years played):

Have you ever coached at a YMCA or other organizations? (Please list sport and location coached):

Have you had any formal training as a coach? Yes No

If yes please describe: _____

Do you have any medical conditions that may affect your ability to coach? Yes No

T-Shirt Size: _____