



### VOLUNTEER/COACH APPLICATION

Please submit the complete form to the Town of Standish Parks and Recreation Department by email, fax or mail.  
175 Northeast Rd. Standish, ME 04084. Email: [mduplisea@standish.org](mailto:mduplisea@standish.org). Fax: 207-642-5181. Phone: 207-642-2875.

## I. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Activity/Sport you are interested in volunteering for (check one or all that apply):

Youth Sports/Activities  Events  Committee  Senior Citizen Programs  Other

Do you have a child/relative in the program for which you are interested in volunteering?  Yes  No

If yes, what program and grade level are they in: \_\_\_\_\_

## II. Relevant Experience

What is your relevant volunteer experience and/or training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. References

Please provide us with two personal references other than family:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide us with the name and phone number of an emergency contact:

## IV. Person to Call in Case of Emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to You: \_\_\_\_\_

**Please read and sign the following statements below. Applicants seventeen years old and under must have a parent or guardian signature:**

**Liability Waiver and Media Release:**

In consideration for being permitted to use the Town of Standish facilities and to coach/volunteer in any Standish Parks and Recreation-sponsored program/s, I agree, to fully and completely release the Town of Standish, it's officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, any loss or damage to my personal property arising from my use of the Town of Standish facilities or participation in Standish Parks and Recreation-sponsored activities and programs. In addition, I understand that photographs or videos may be taken of program participants and used for purposes of promoting the programs of Standish Parks and Recreation. If you do not want your photograph taken or displayed, please contact the office.

**Release of Personal and Background Information:**

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any, and all, information in their possession regarding me in connection with an application for volunteering for the Standish Parks and Recreation Department.

**If you consent to release personal information and background check, please provide DOB:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

I accept and agree to the terms above:

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If applying for a volunteer coach position, please read and sign the Coaches' Code of Ethics below:***

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

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

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. If I would like to have the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself, I am to contact Ruth-Ann LaBrecque, Administrative Assistant to the Manager – 207-642-2538. However, If I decline Hepatitis B vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Initial: \_\_\_\_\_

***Mission Statement***

*The Parks & Recreation Department is committed to improving the quality of life in Standish by providing exceptional community experiences through diverse recreation programs and parks for people of all ages.*

***Youth Sports Philosophy***

*Keep it Simple. Make it Fun. Everybody Plays.*