



Youth Basketball Volunteer Application

A copy of a valid, government issued photo identification must be attached to complete this application
All coaches will be required to attend a Coaches Certification Course or provide NAYS Certification Card/Number

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email Address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Previous Volunteer Experience (Youth Sport Coaching)

Community Affiliations (Clubs, Service Organizations, etc.)

Do you have children in the program? Yes No

If yes, in what league & grade level? _____

Special Certification (i.e. CPR, Medical, etc.) _____

Do you have a valid driver's license? Yes No

Driver's License # _____ State _____

NAYS MEMBERSHIP NUMBER _____

Have you ever been convicted of or plead guilty to any crime(s): Yes No

If yes, describe each in full _____

In which of the following would you like to participate: **Coach** **Assistant**

Please list t references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Town of Wallingford to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Town of Wallingford, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Town of Wallingford is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term, I am subject to suspension and/or removal by the Director, or his designate, for violation of policies and/or principles established by the Town of Wallingford.

Applicant Signature _____ Date _____

Applicant Name (please print) _____

OFFICE USE ONLY:
Valid Photo ID attached: YES ___ No ___
Background Check Completion Date: ___ / ___ / ___
NAYS Certification Order Date: ___ / ___ / ___

Please See Back Page.....READ AND SIGN

COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics:

- 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 promise to review and practice basic first aid principles needed to treat injuries of 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 all 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.

Coach

Signature / Date