

# City of Charleston Recreation Department



## Volunteer Application

An Equal Opportunity Employer

|                                |       |
|--------------------------------|-------|
| <small>Office use only</small> |       |
| Sport:                         | _____ |
| Area:                          | _____ |
| Staff:                         | _____ |
| Date:                          | _____ |
| Vax:                           | _____ |

Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Assisting which Head Coach \_\_\_\_\_

Sport/Program \_\_\_\_\_ Age Group \_\_\_\_\_ Date \_\_\_\_\_

Area applying for: Daniel Island \_\_\_\_\_ James Island \_\_\_\_\_ Johns Island \_\_\_\_\_ Peninsula \_\_\_\_\_ West Ashley \_\_\_\_\_ Therapeutics \_\_\_\_\_

Please write clearly and complete all questions

Full Name: \_\_\_\_\_

First

Middle

Last

Current Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell #:(\_\_\_\_\_) \_\_\_\_\_ Home #:(\_\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

# of years with employer: \_\_\_\_\_ Describe Position: \_\_\_\_\_

Have you ever been convicted of a felony in the last ten (10) years? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes please explain: \_\_\_\_\_

Coaching Experience \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** How many years?: \_\_\_\_\_

List your last Coaching or Volunteer experiences:

Where: \_\_\_\_\_ As: \_\_\_\_\_ How long: \_\_\_\_\_

List any formal training/certifications you may have: \_\_\_\_\_

List any additional comments you feel makes you a suitable coach/volunteer: \_\_\_\_\_

I certify that to the best of my knowledge all of this information is true, complete and accurate. I authorize investigation of all information contained in the form and I understand misrepresentation or omission of facts is a cause for dismissal. I agree to allow the City to videotape games/practices/programs.

Minors under the age of 18 must have parent or legal guardian sign. Drivers License or State issue ID must be presented with form.

Print Name

Sign Name

Date

**We are NOT requiring COVID 19 vaccinations for coaching. We are however requiring coaches to voluntarily share their vaccination status to this email: [citycoaches@charleston-sc.gov](mailto:citycoaches@charleston-sc.gov)**



# City of Charleston Recreation Department

## Coaches Code of Conduct



*I hereby pledge to live up to the City of Charleston Recreation Department Code of Conduct as a coach.*

*Coaches are responsible to ensure that the health, well-being, safety and development of athletes take precedence over the win/loss record.*

*Coaches are expected to maintain a professional demeanor in their relationships with athletes, officials, coaches, administrators, opposing parents and treat all with respect and dignity.*

*Coaches must acknowledge that they are role models and behave in a respectful way. Exemplifying honesty, integrity, respect and fair play to all. Any form of fighting, verbal or physical, any threats of violence, any actions not representing that of a role model will not be tolerated.*

*Coaches should recognize that physical contact is at times necessary with players but coaches must ensure that no action on their part can be misconstrued. Always follow the rule of 3. Never be alone with a child at practice, do not give children rides home and do not go behind closed doors with a child alone.*

*Coaches should always instill integrity to the game and to the players. Do not teach children to break rules or behave unsportsmanlike. Let's prepare our players on how to succeed and fail maturely.*

*Coaches will ensure the knowledgeable in the rules of each sport that you coach, and that you will teach these rules to your players.*

*Coaches will not tolerate or participate in any kind of abuse, verbal, physical or emotional. Please report any infractions, so that we can protect the children. I will remember that I am a youth coach, and that the game is for children and not adults.*

*I acknowledge and understand that pursuant to South Carolina Code § 23-31-520 and City of Charleston Code § 22-4 it is unlawful for any person participating in or attending a permitted organized event, including a permitted organized sporting event, to openly carry a firearm at such event.*

Date: \_\_\_\_\_ Coach Signature: \_\_\_\_\_ Coach Name Print: \_\_\_\_\_

Age Group: \_\_\_\_\_ Team Name: \_\_\_\_\_ Preferred Shirt Size: \_\_\_\_\_

