



Easley Recreation Department Coaches Application

Name: _____ DL # _____
SSN _____-_____-_____

Personal Info:

Applying for:

Year _____ Sport _____ Age Group _____

Team _____ Position _____

Child playing? _____ Age group _____

Team _____ Returning to? _____

Coaching Info:

History coaching this sport

Year _____ Age group _____ Organization _____

Year _____ Age group _____ Organization _____

Other _____

Contact Info:

Home # _____ Cell # _____

Work # _____

Home Address _____

Place of Employment _____

Work schedule _____

References:

Name	Occupation	Relation	Phone #

Coaches are subject to a background check through the Easley Police Department. Also, employers may be contacted by the department, in addition to those listed as references.

Signature: _____ Date: _____