



**Town of Hope Mills**  
**Parks & Recreation Department**  
**5766 Rockfish Road • Hope Mills, NC 28348**



**COACHES APPLICATION**

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

**Sport:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Please Circle One:**            **Head Coach**            **Assistant Coach**            **Either**

**Name of the child you will be coaching:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate/Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **M / F (Circle One)** **Email:** \_\_\_\_\_

**SPORTS HISTORY**

Did you coach this sport last year? Yes / No (Circle One) Number of years coaching **organized** youth sports? \_\_\_\_\_  
 Where? \_\_\_\_\_ Team? \_\_\_\_\_ Group Age? \_\_\_\_\_

**COACHES CODE OF CONDUCT**

I agree to abide by all rules, regulations, and policies and the **COACHES CODE OF CONDUCT**, as established by Hope Mills Parks & Recreation, local league organizations, the organizers, sponsor, supervisors, and participants in the program.

- 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.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understood, and will do my best to fulfill the promises contained in this contract.

**\*\*\*\*\*VOLUNTEER COACHES MUST COMPLETE A BACKGROUND CHECK\*\*\*\*\***

**Signature of Coach:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Name-Based Criminal Background History Record Information Consent/Inquiry Form**

I hereby authorize Background Investigation Bureau, LLC to conduct an inquiry for Town of Hope Mills (company) with the purpose(s) listed below and receive any Georgia and/or national criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

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

Purpose Code Used: (check one that applies)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input checked="" type="checkbox"/>	W - Working with Children

**OFFICIAL USE ONLY:**

Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title Date