

# Volunteer Application

Date of Application \_\_\_\_\_ Sport \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other Names (Maiden, alias, etc.) \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Drivers License \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
State \_\_\_\_\_  
Date of Occupancy \_\_\_\_\_

Present Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment \_\_\_\_\_ Position \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Employment \_\_\_\_\_ Position \_\_\_\_\_

## References (None related)

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position Desired \_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime? (If yes, explain details)

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

Have you ever been involved in an incident involving child abuse or neglect? (If yes, explain)

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

Have you ever had a problem with drugs and/or alcohol? \_\_\_\_\_

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

Why do you want to volunteer? \_\_\_\_\_

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

What interests you about coaching? \_\_\_\_\_

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

What experience do you have working with children? \_\_\_\_\_

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

List the sports you have Coached:

Sport _____	Where _____	Number of Seasons _____
Sport _____	Where _____	Number of Seasons _____
Sport _____	Where _____	Number of Seasons _____
Sport _____	Where _____	Number of Seasons _____

List any formal training you have received in coaching. \_\_\_\_\_

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

List any formal training you have received in first aid. \_\_\_\_\_

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL**

Consent/Release Form

(To investigate background information)

City of Anderson  
401 South Main St., Anderson, SC 29624

Applicant's Name \_\_\_\_\_ Sex  Male  Female  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Social Security Number \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for  
\_\_\_\_\_, to obtain information regarding myself. This includes, but  
is not limited to:

Please check

- Employment Records/Employer's References
- Criminal Background Records/Information
- Criminal Background Check/Fingerprint
- Driver's License
- Check  Coaching
- Experience  First Aid
- Experience  Personal
- References  Address

I authorize this information to be obtained either in writing or via telephone in connection with my  
volunteer application.

Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_