



Clover Garden School Coach Application

A copy of a valid government issued photo ID must be attached to complete this application.

Personal Information

Last Name

First Name

Middle Name

Maiden Name

Address: _____ | _____ | _____ | _____

Street Address

City

State

Zip Code

Telephone: _____ | _____ | _____

Home Phone

Work Phone

Cell Phone

E-mail Address: _____

Emergency Information

Person to Notify in an Emergency: _____ Phone: _____

Special Medical Circumstances: _____

Coaching Background

Please indicate the position you are applying to coach: ☐ Head Coach ☐ Assistant Coach

Have you previously coached with Clover Garden School? ☐ Yes ☐ No

If yes, which sport and age group have you coached? _____

Please indicate which sport you are applying to coach: ☐ Cross Country ☐ Volleyball ☐ Boys Soccer

☐ Basketball ☐ Baseball ☐ Girls Soccer ☐ Softball ☐ Ultimate Frisbee

What age group or grade level are you applying for? ☐ Middle School ☐ JV ☐ Varsity

What is your personal playing experience? ☐ Recreation ☐ High School ☐ College

What is your coaching experience? _____

References

Please list two references not related to you.

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Investigative Background Check

Full Legal Name: _____ | _____ | _____ | _____

Last Name First Name Middle Name Maiden Name

Date of Birth: _____ | _____ | _____ Gender: ☐ Male ☐ Female Race: _____

Driver’s License Number: _____ Issuing State: _____

Social Security Number (last 4 digits): _____

To comply with the Confidential Records Law, your Social Security number is requested because you are being considered for volunteer placement with Clover Garden School. The Social Security number is required to process a criminal background investigation. *If you have lived outside of North Carolina within the last 10 years, you must provide your full 9-digit Social Security number.*

Address History: Please list residential addresses for the past 10 years. Use a separate sheet, if necessary.

Current: _____	_____	_____	_____	_____
Street Address	City	State	Zip Code	Years at this address
Previous: _____	_____	_____	_____	_____
Street Address	City	State	Zip Code	Years at this address
Prior: _____	_____	_____	_____	_____
Street Address	City	State	Zip Code	Years at this address

Disqualifying Offenses

Applicants convicted of the following disqualifying offense(s) shall be denied coaching/volunteer privileges. Conviction of a crime, as used in this policy, includes (1) the entry of a plea of guilty, nolo contendere, no contest or the equivalent, (2) a verdict or finding of guilty in a court of law or military tribunal, or (3) a prayer for judgement.

1. All sex offenses regardless of the amount of time since offense.
2. All felony violence offenses regardless of the amount of time since offense.
3. All felony offenses within the past eight (8) years (other than violence or sex).
4. All misdemeanor drug and alcohol offenses within the past two (2) years or multiple (more than once) offenses in the past six (6) years.
5. Any other offense, whether misdemeanor or felony, within the past fifteen (15) years that would be considered a potential danger to children or directly related to the functions of that volunteer.
6. Other acts that Clover Garden School determines are grounds for disqualification.

Disqualifying Offenses

I hereby certify, by my original signature below, that the information, I have provided is accurate and true to the best of my knowledge and I authorize Clover Garden School to conduct a Criminal, Department of Corrections, and Sex Offender Registry check on my background while I am volunteering with the Clover Garden School athletics department. I understand that providing false statements or falsification of information will result in denial of coaching/volunteer privileges. I understand that Clover Garden School will routinely perform background checks during the period of serving as a volunteer. Information found and not previously disclosed by me, or information made available which was previously not disclosed, will be used by Clover Garden School as part of the determination of my eligibility to continue in my capacity with the school. I have read and understand these requirements.

Applicant's Signature

Date