## **Volunteer Travel Coach Application**



Contact Information		
Name		
Social Security Number		
Date of Birth		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Current Place of Employment		
Previous Employer (If above is less than 3 years)		
Education		
Experience Relevant to Coaching:		
What Coaching Position are you interested in?		
Assistant Girl's	Head Girl's	
Assistant Boy's	Head Boy's	
A, B, or C Level	Your Child is Trying out; Yes No	
A(6 <sup>th</sup> Grade) B(Mixed) C(5 <sup>th</sup> Grade	Child's Name	
Special Skills or Qualifications		
Summarize special skills and qualifications you have acquired from Coaching, Playing, or through other Classes, Education, etc.		

Previous Volunteer Experience		
Summarize your previous volunteer experiences.		
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Person to Notify in Case	or Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
References		
Name		
Street Address, Town		
Phone		
Name		
Street Address, Town		
Phone		
Agreement and Signature		
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.		
Name (printed)		
Signature		
Date		

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us, please return this form to either:

Pam LeDuc, Topsham Parks & Recreation, 100 Main Street, Topsham 04086, pleduc@topshammaine.com

This application needs to be received by October 23, 2024