

BREMEN PARKS & RECREATION DEPARTMENT

Coaches Application

I understand that becoming a volunteer coach, I will be governed by rules and policies of the Bremen Parks & Recreation Department and the league in which the Department is participating. This includes my becoming certified before the first game which I will be coaching. This also means that I am aware that I must **adhere** to the **coaching ethics policies** by this position.

1. Name: _____ Date Application _____
 Address _____ Email: _____
 Street City ZIP
 Phone Number(h) _____ (w) _____ ©) _____
2. Sport to be Coached _____ Age Preferred _____
3. Will your child/children be participating in this program _____, if yes how many and what ages _____
4. Total years coached this sport _____ This age group _____ Other _____
 List any playing experience you have had in this sport:

5. Coaching experience with Bremen Parks & Recreation Department
 - Sport _____ Age _____
 - Sport _____ Age _____
 - Sport _____ Age _____
6. Have you coached an All-Star team previously? Please list:

7. Why do you want to coach?

8. Will you be available for coaches meetings? _____
9. If you have had previous training, please specify the program and your certification number
 Training _____ Certification # _____
10. Are you willing to coach other age groups? _____ If so, what ages _____
11. Why do you feel you would make a good coach? _____

If chosen as head coach, who would you recommend as your assistant coach?

I have read and answered all the above questions to the best of my knowledge and I agree to do what is best for the children participating in this program while coaching for this department.

Signature: _____ Date _____

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A TEAM/SQUAD

**-BREMEN POLICE DEPARTMENT
121 PACIFIC AVENUE, BREMEN, GEORGIA 30110**

**CITY OF BREMEN
232 TALLAPOOSA STREET, BREMEN, GEORGIA 30110**

**DEPARTMENT OF PARKS & RECREATION DEPARTMENT
417 RIVER CIRCLE
BREMEN, GEORGIA 30110**

**I HEREBY AUTHORIZE THE BREMEN POLICE DEPARTMENT TO RELEASE ANY
CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY
BE IN THE FILES OF ANY STATE OF LOCAL CRIMINAL JUSTICE AGENCY.**

PRINT FULL NAME _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY: ____-____-____

SEX: _____ RACE: _____

Applicant's Signature

PERSON REQUESTING RECORD SIGNATURE: _____

PRINT NAME, AGENCY, COMPANY, AND TITLE OF REQUESTOR:

SWORN AND SUBSCRIBER TO ME THIS _____ DAY OF
_____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

NOTICE:

ONCE A SIGNED AND NOTARIZED REQUEST IS GIVEN TO THE BREMEN POLICE DEPARTMENT AND A CRIMINAL RECORDS CHECK IS PERFORMED, THE RECORD INFORMATION WILL ONLY BE DISSEMINATED TO THE PERSON MAKING THE REQUEST. THE DISSEMINATION OF INFORMATION IS REGULATED BY GEORGIA CODES, O.C.G.A. 35-3-34 AND 35-3-35. ONCE THIS INFORMATION IS DISSEMINATED BY THE BREMEN POLICE DEPARTMENT, IT IS THE REQUESTER'S RESPONSIBILITY TO COMPLY WITH GEORGIA LAW PERTAINING THE RECORD SHEET. UNDER PENALTY OF LAW, O.C.G.A. 35-3-38, A PERSON COULD FACE UP TO 2 YEARS IN PRISON AND/OR A \$5000.00 FINE FOR IMPROPER DISSEMINATION OF CRIMINAL RECORDS. THE BREMEN POLICE DEPARTMENT, ITS EMPLOYEES AND ADMINISTRATORS ARE NOT RESPONSIBLE FOR THE ACCURACY OF THE RECORD RETRIEVED FROM THE GEORGIA CRIME INFORMATION CENTER NOR FOR ITS DISSEMINATION AFTER IT IS GIVEN TO THE REQUESTER UNDER SEAL.