



VOLUNTEER COACHING Travel Basketball INFORMATION FORM



Printing and Completion of ALL information is REQUIRED

DATE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____

Have you volunteered with the City of Bangor before? Yes No If so, when/what: _____

Do you have any of the following certificates: CPR First Aid Coaching None

DRIVERS LICENCE # _____

E-MAIL ADDRESS: _____

Please list any coaching experiences, certifications and honors you have received in basketball and/or other sports.

Please list 2 personal references we may contact:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PRESENT EMPLOYER: _____ PHONE: _____

POSITION: _____

ADDRESS _____

Yes, it is OK to call me at work

No, I cannot take calls at work

I, _____ authorize and give consent for the Bangor Parks and Recreation Department to gather additional information about myself which may include but not limited to the above information, criminal background information, past coaching experiences, or driver's license information.

Printed Name: _____ Date: _____

Signature: _____