

Upward Basketball/Cheerleading Coach and Referee Application

YES, I plan to coach Upward Basketball
 YES, I plan to coach Upward Cheerleading
 YES, I plan to referee Upward Basketball
 (please check one or more items above)

Section 1

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ (evening) _____ (cell) _____
 Email Address _____

Are you a member of a local church? Yes No If yes, where? _____

Gender: M F Date of Birth / /
 (please circle) Mo Day Year

1. Mark which league you prefer to coach with a "C". to referee with an "R".

Division	Boys	(CoEd)	Girls
Kindergarten	_____		
1st and 2nd grade	_____		_____
3rd and 4th grade	_____		_____
5th and 6th grade	_____		_____

2. What is your preferred practice day? M T TH

3. What is your preferred practice time? 5:30PM 6PM 6:30PM 7:30PM

4. What shirt size? MEN: S M L XL XXL XXXL WOMEN: S M L XL XXL XXXL

5. Please list your children(s) who will be playing in this year's Upward Basketball league, if applicable.

Child's name	Grade	Gender	I plan to coach my child's team
			M
			Yes No
			Yes No
			Yes No

6. Have you ever coached Upward Basketball/Cheerleading before? Yes No

7. Have you ever refereed Upward Basketball before? Yes No

8. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus

9. Do you know of someone who might be interested in coaching or refereeing Upward Basketball this year

Name _____ Phone _____

Name _____ Phone _____ 10.

10) Mandatory attendance at the coach and/or referee training (TBA in November or December).

11. I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc.) may have a negative effect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach and/or Referee Signature Date _____

Section 2

DISCLOSURE TO UPWARD COACHES REGARDING PROCUREMENT OF BACKGROUND CHECK In accordance with the Safe Sanctuary policies of the United Methodist Church, a background check is required for all employees and volunteers. In connection with your application for volunteering with children and youth at JARVIS MEMORIAL UNITED METHODIST CHURCH, we may procure a background check on you as part of considering you for service. This report helps us to manage our child protection program. In the event that information from the background check is used in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of this report. By signing this document below, you grant JARVIS MEMORIAL UNITED METHODIST CHURCH the authorization to obtain a criminal background check(s) about you in order to consider you for volunteering with children or youth.

Signature: _____

Name as it appears on SS your card: _____

First

Middle

Last

Social Security Number: _____ - _____ - _____