



City of Montrose Coach & Team Volunteer Application

P.O Box 790

Montrose, CO 81402

Phone: 970-240-1454 Fax: 970-240-1492

All information is subject to verification and assignments will be based on current program needs. Please note that by signing this form you are authorizing the City of Montrose to perform a background check. Upon approval, volunteers receive training, policy and safety review and are asked to sign a release agreement.

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth Date: _____

E-Mail Address: _____

Have you been convicted of a felony in the last 7 years? _____

If so, please explain:

Please select what positions you are interested in. Check all that apply.

- | | |
|--|---|
| 1. <input type="checkbox"/> Head Coach | 2. <input type="checkbox"/> Assistant Coach |
| 3. <input type="checkbox"/> Team Volunteer | 4. <input type="checkbox"/> Other |

Is there a coach you are interested in coaching with? If so, please list their name. (Please be aware that this may affect draft picks.)

Please describe your past baseball experience.

Please describe your coaching experience.

Please describe your coaching philosophy.

After reviewing the coaching code of ethics (separate document) please describe any concerns or questions you have.

Upon approval and passing a background check, you will be issued a Tee-Shirt and hat. Please select your size for each below.

Tee-Shirt Sizes

1. ___ Adult Small 2. ___ Adult Medium 3. ___ Adult Large 4. ___ Adult XL 5. ___ Adult XXL

Hat Sizes

1. ___ XS-SM (6 5/8" – 7") 2. ___ SM-MD (7" – 7 1/4") 3. ___ LG – XL (7 3/8" – 7 5/8") 4. ___ Other

Emergency Contacts

Please list two contacts that we can notify in case of an emergency.

Name	Address	Phone #	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Additional Information

Do you need to be provided with physical accommodations? Do you have any health conditions or limitations we should be aware of when assigning tasks? If yes please list below.

Please list two people (not related to you) whom we can contact for a reference:

Name/Relationship	Phone Number
1. _____	_____
2. _____	_____

You will be provided with copies of the City of Montrose Coaching Code of Ethics and Volunteer Regulations. Failure to abide by these and any other policies or procedures set forth by city personnel may result in termination of your volunteer assignment. You must be responsible for your own safety at all times and follow all safety procedures. If you see an unsafe condition, report it immediately to a City of Montrose employee. If you have any questions please contact the Human Resources Department at 970-240-1454.

By signing this form you certify that the information provided is truthful and accurate to the best of your knowledge, and that you agree to any required protocols during the application process, including, but not limited to a background check.

Signature: _____ Date: _____

<p>Official City Use Only</p> <p>Application Received Date: _____</p> <p>Background Check Complete: _____</p> <p>Approved By: _____ Date: _____</p> <p>Coaching or Team Volunteer Assignment: _____</p> <p>Supervisor: _____</p> <p>Release/Indemnity/Hold Harmless Agreement Received: _____</p> <p>Start Date: _____</p>
