

**Newton County Recreation
Employee Initials _____**



**Newton County Recreation Commission
Volunteer Application**

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____

Date of Birth: _____ Place of Employment: _____
MM/DD/YY

Emergency Contact Name: _____

Emergency Contact Phone: _____

I have _____ years with:

- Youth Sports Baseball People with Disabilities

Other Special Qualifications or Certification:

I understand that any information that I have provided may be verified if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information about me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Newton County and its Recreation Commission, its agents, and employees. I understand that in compliance with the Child Protection Act of 1993, and further legislation, I agree to allow the information given in this application to be used for this matter. I am aware that any information that would call into question my being entrusted with the supervision, guidance and care of youth will be reason to be denied coaching privileges. I also understand that in signing this application, I have read the above information. If selected to coach, I agree to follow the guidelines set up by the National Association of Youth Sports, and to comply with the rules and regulations set forth by the Newton County Recreation Commission. I affirm that all information given on this application is true and correct.

Signature: _____ Date: _____