

Shelton Wrestling Club

Coach/Volunteer Application

The position I am applying for is:

- Coach
- Board Member
- Other

(Please fill out shirt size) _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell number: _____

Date of Birth: _____ (required) E-Mail Address: _____

Driver License Number: _____

Current First-Aid Card? []Yes []No

Have you managed or coached in the past? []Yes []No

If yes: How many years managing or coaching? _____

Age levels coached or managed _____

List of other qualifications _____

I understand and agree that should my application be accepted and I am assigned a volunteer position, I will abide by all Shelton Wrestling Club Rules and Regulations. In addition, I will abide to all Shelton Wrestling Club By-Laws and Operating Procedures.

I also understand and agree that a background check through the Washington State Patrol (WSP) files will be conducted on me to determine if any criminal conviction have been proved against me. The purpose of such a check is to assist the league in providing for the health, welfare, and moral protection of the youth under my care as a manager or coach.

Finally, I understand that should I be found in violation of any of these rules or policies that I will be subject to immediate suspension or dismissal from the league. If I am dismissed I will turn in all property belonging to the league upon request.

Applicant Signature

Date

Board Member Signature

Board Approval Date