

Department of Community Services Coaches and Volunteer Resume/Application

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: _____
Home Business Cell/Pager

Current Employer: _____

Address: _____
Street City State Zip

May we contact your employer for a reference check? Yes No

Emergency Contact: _____

Address: _____
Street City State Zip

Phone: _____
Home Alternate

Desired Program and/or Program Affiliation: *List all that apply*

Desired Position: Coach, Mgr., Umpire: *List all that apply*

(SEE REVERSE SIDE TO COMPLETE THE APPLICATION)

List all Coaching and other relevant experience:

Year	Position Held	Program / Municipality	Sport
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List all current and valid certifications applicable to Recreation and Athletic Programs.

Certificate / Course	Certifying Agency	Expiration Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Rutgers Clinic → Date Taken _____ Location _____

Are you currently required to register with a law enforcement agency under Megan’s Law?

_____ **No** _____ **Yes**

Additional personal references we may contact:

Name	Relationship	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

I certify that the information provided by me is true and accurate to the best of my knowledge. I understand that if any such information is willfully false, I am subject punishment. I further understand that falsification of this application and content herein may result in dismissal as a volunteer from Rockaway Township programs. I authorize Rockaway Township to investigate all statements contained in this application.

Signature: _____ Date: _____