



Coach Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN: _____

Birth Date : _____

Driver's License Number & State of issuance : _____

(SSN, Birth Date and Driver's License information are required for background check. All information is kept confidential in Carteret County Human Resources Department.)

Activity for which I am applying to Coach: _____

All the information I have given is true to the best of my knowledge. I understand that by signing this application, I agree that a complete background/driver's license check can be completed as part of the coach selection process. I understand this may affect my status as a coach with Carteret County.

I understand, by signing this application that I am not guaranteed to be a contractor and the determination of my status as a contractor will be made by the Carteret County Parks & Recreation Staff.

Applicant's Signature Date

CARTERET COUNTY HUMAN RESOURCES DEPARTMENT



VOLUNTEER WAIVER, RELEASE & INDEMNITY

1. I certify that I am offering my services to Carteret County Parks & Recreation on a strictly volunteer basis
2. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services
3. I further understand that I am not eligible for workers' compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends.
4. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.
5. I understand that all applicable rules for participation must be followed and that the sole responsibility for my personal safety remains with me including my physical and emotional preparation and fitness to participate in all events and programs throughout the year.

I HAVE READ AND UNDERSTOOD THE WAIVER, RELEASE AND INDEMNITY. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin) including the giving up of my right to sue.

Signature: _____ Print Name: _____

Date: _____ Department: _____