



10 Robert St West, P.O. Box 5009, Penetanguishene, ON, L9M 2G2
 Phone: 705-549-7453 x 223 Fax: 705-549-3743
 Email: recreation@penetanguishene.ca

PROGRAM VOLUNTEER COACH APPLICATION FORM **Please print neatly**

| | | | |
|------------------------|--------|-------------------------------|---------------------------------|
| Coach Name: | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Street Address: | | Town: | |
| Postal Code: | Email: | | |
| Daytime Phone: | | Cell: | |
| Medical/Special Needs: | | | |

| | PROGRAM NAME | PROGRAM START DATE | PROGRAM TIME |
|-----|--------------|--------------------|--------------|
| # 1 | | | |
| # 2 | | | |
| # 3 | | | |

Please list family members in program(s):

Please list any past coaching/volunteer experience:

VOLUNTEER POLICIES & PROCEDURES AGREEMENT

- Our programs rely heavily on parent/guardian volunteers who are willing to commit to be in attendance for the duration of the program, to provide guidance and support to the youth to learn the basic skills of soccer. We provide basic training and equipment, so previous experience is not required, just the enjoyment of working with kids in a fun, safe, enjoyable environment.
- A professional, good mannered, positive, enthusiastic attitude and genuine interest in helping a group of children enjoy a program are important and the prerequisites for the position.
- A volunteer meeting may be scheduled prior to the program start date and attendance is important and appreciated.
- The Town will offer each Volunteer Coach (1) complimentary registration per family for (1) program that the volunteer has agreed to coach. The program fee must be paid at the time of registration. The registration fee will be reimbursed at the completion of the program providing that the volunteer coach had good attendance and followed our policies & procedures. *(Allow 2 – 3 weeks for cheque processing).*

| | |
|--------------------------|---|
| <input type="checkbox"/> | I agree to attend every session date for the program that is listed above. If I am unable to attend any session due to unforeseen circumstances or I am unable to fulfill my volunteer responsibilities, I agree to notify the Recreation Coordinator immediately. (CELL: 705-529-5465) |
| <input type="checkbox"/> | I agree to abide by our policies and procedures |
| <input type="checkbox"/> | I agree to dress appropriately and wear any uniform gear that is provided. |

| | |
|----------------------|-------|
| Volunteer Signature: | Date: |
|----------------------|-------|

| | |
|-----------------|-------|
| Staff Approval: | Date: |
|-----------------|-------|

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|-----------------------------|-------|--------|
| Fee Reimbursement Approval: | Date: | Fee \$ |
|-----------------------------|-------|--------|