



# COACHING APPLICATION

Sport \_\_\_\_\_ Age Level/League \_\_\_\_\_

Position (check one) \_\_ Team Manager \_\_ Head Coach \_\_ Asst. Coach (with whom) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_

May we contact your current and previous employer?      yes      no

If no, please explain \_\_\_\_\_

### Coaching Experience

Have you ever coached a sport sponsored or co-sponsored by the Park & Recreation Department?

yes      no

Please list sports coached and number of years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have children involved in sports?      yes      no

If yes, please list their names, age and league \_\_\_\_\_

\_\_\_\_\_

Please state why you wish to coach for the West Springfield Park & Recreation Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please turn over)

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE ALONG WITH THE COACHING APPLICATION AND CORI. THANK YOU.**

Are you certified in First Aid?      yes      no

Are you certified in C.P.R.?      yes      no

**References**

**(Must be filled out completely)**

**Please list three(3) references below that have knowledge of your ability to work with children.**

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**NOTICE:** Moreover, note that C.O.R.I. and/or S.O.R.I. checks will be conducted on applicants. The applicant is required to sign an acknowledgement on the C.O.R.I. request form that is submitted to the Criminal History Systems Board.

An applicant for employment with a sealed record on file with the commission of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Certain criminal offenses mandate disqualification for employment, and that upon disclosure of such offenses, employment shall not be offered or shall be terminated.

Have you ever been convicted of a felony?       yes       no record

If yes, please specify? \_\_\_\_\_

Have you been convicted of a misdemeanor in the last five years?       yes       no record

If yes, please specify? \_\_\_\_\_

Signed as a sealed instrument this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

(date) (month) (year)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

THE TOWN OF WEST SPRINGFIELD IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYMENT EMPLOYER.

**In order to be eligible for coaching in a West Springfield Park & Recreation Department program you must have the following information on file for each coaching season.**

- 1. Current Coaching Application**
- 2. C.O.R.I. Check (Criminal History Check)**



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_  
(Organization)  
with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that  
\_\_\_\_\_, must first provide me  
(Organization)  
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject* \_\_\_\_\_ *Date*

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE, SCHOOL ID, OR PASSPORT ALONG WITH THE CORI. THANK YOU.**

**Please Turn Over**



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* **First Name:** \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* **Last Name:** \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* **Last SIX digits of Social Security Number:** \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* **Street Address:** \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \***City:** \_\_\_\_\_ \***State:** \_\_\_\_\_ \***Zip:** \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE, SCHOOL ID, OR PASSPORT ALONG WITH THE CORI. THANK YOU.**

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

*Sonia Mamley*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*