



Boy & Girls Club of Ouachita County Coaches/Adult Volunteer Application

Full Name _____ SS# _____
Address _____ Date of Birth _____
City/ST/ Zip _____ Home Phone _____
E-Mail Address _____ Work Phone _____
Cell Phone _____

Employer _____ # Years at this job _____
Title/Duties _____

Youth Service Background _____
Volunteer Position Requested _____
What league or age group? _____

Previous Residence (5 years) _____

List 3 references (Name and Phone Number).
1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Additional Information:

Have you ever been convicted of a criminal offense? Yes / No
Have you ever been charged with child abuse or neglect? Yes / No
Have you ever had your driver's license suspended? Yes / No
Have you ever used illegal drugs? Yes / No

Do you have any medical condition we should be aware of? Yes / No
If so, Explain: _____

Name the child whose team you wish to coach. _____

I, the undersigned, certify that all the above information is true and may be verified by a background check at the Boys and Girls Club's discretion.

Signature _____ Date _____