

The Douglas Brothers Foundation, Inc.



7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770- Email- tdbfoundation@att.net

Coach Volunteer Application

Full Name: _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City _____ ST _____ Zip: _____

Education and Occupation:

High School Name: _____ Years Attended _____

College Name: _____ Degree: _____

Other: _____

Employer: _____ Employer Phone: _____

Job Title: _____ Years Employed: _____ Retired: Yes _____ No: _____

Coaching:

Sport you wish to coach: _____

Preferred age group/league desired: _____

Position Desired: Head Coach _____ Assistant Coach _____

Your reason for applying: _____

Previous Experience:

Instructional Leadership of Children (explain): _____

Coaching Education: _____

Courses Clinics Books Videos Other

(explain): _____

Previous coaching experience:

Sport Year(s) _____ Agency _____

Certifications (coaching): _____

CPR Certified: _____ Expires: _____ First Aid Certified: _____ Expires: _____

References:

Name	Email	Phone
_____	_____	_____
_____	_____	_____

I have carefully read the Volunteer Wavier and understand that my signature is required below in order for myself or my child to volunteer in Douglas Brothers Foundation, Inc. programs. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for The Douglas Brothers Foundation, Incorporated.

Signature of Participant or Parent/ Guardian

Date:

VOLUNTEER WAVIER FORM

The Douglas Brothers Foundation, Incorporated welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation. Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The Douglas Brothers Foundation, Incorporated continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project. I agree to waive and fully release The Douglas Brothers Foundation, Incorporated and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).

Signature of Participant

Date:

Signature of Parent/ Guardian

Date:

Please answer the following questions:

1. Will you have transportation? _____
2. Are you willing to accept and follow the rules and regulations concerning your service at The Douglas Brothers Foundation, Incorporated? _____
3. Will you be able to purchase a membership? _____
4. What special qualifications do you have that might be useful in volunteer

work?

Why do you want to volunteer?

5. How many hours do you plan to commit to this volunteer program? _____
6. Have you ever been convicted of a crime/ a felony? No Yes (If yes please explain in details)

I UNDERSTAND THE IMPORTANCE OF THE VOLUNTEERS AT THE DOUGLAS BROTHERS FOUNDATION (TDBF) CENTER IN GIVING COURTEOUS CARE AND FRIENDLY AID TO THE PUBLIC, MEMBERS STAFF, AND VISITORS. I WILL TREAT ALL INFORMATION AS CONFIDENTIAL, ACCEPT ASSIGNMENTS CHEERFULLY AND WILLINGLY, BE PROMPT FOR DUTY, AND WILL ABIDE BY THE TDBF, INCORPORATED POLICIES AND THE OTHER RULES THAT MAY APPLY.

Date

Signature of Volunteer

VOLUNTEER EMERGENCY INFORMATION FORM- Confidential

Volunteer Full Name: _____

Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information:

Physician: _____ Phone: _____

Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.) _____

Medical Insurance

Name of Insured Member: _____

Relationship to Volunteer: _____

Insurance Company: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Insurance Company Phone #: _____

Policy /Group Number: _____

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Signature: _____ **Date:** _____

CONSENT/RELEASE FORM FOR BACKGROUND CHECK

Applicant's Full Name (print clearly): _____

Social Security Number: _____ Date of Birth: _____

Applicant's Complete Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for The Douglas Brothers Foundation, Incorporated to obtain the following information about me:

- Criminal background records/information
- National Sex Offender
- Addresses

I the undersigned, authorize this information to be obtained either via telephone, email or in writing in connection with my volunteer and/or employment application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with department procedures.

Print Name: _____ Date: _____

Signature: _____

For Department Use Only

To be completed by supervisor

Division: _____ Administration For: _____ Employment Screening _____ Camps _____

Volunteer Screening _____ Maintenance _____ Recreation _____ Schools _____

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