



CITY OF RIDGECREST
PARKS AND RECREATION DEPARTMENT
HEAD COACH APPLICATION

PLEASE FILL OUT ALL FIELDS AND EMAIL BACK TO aobaker@ridgecrest-ca.gov

NAME: _____

ADDRESS: _____

PRIMARY #: _____ SECONDARY #: _____

EMAIL ADDRESS: _____ SHIRT SIZE: _____

WHICH SPORT WOULD YOU LIKE TO COACH FOR?

FLAG FOOTBALL BASKETBALL SOCCER

DO YOU HAVE CHILDREN PARTICIPATING IN THE ABOVE SPORTS PROGRAM? YES NO

IF YES PLEASE COMPLETE THE FOLLOWING INFORMATION:

WILL YOU BE COACHING YOUR CHILD? YES NO

CHILD(REN) NAME: _____ AGE: _____

AS A HEAD COACH YOU WILL BE ASSIGNED AN ASSISTANT COACH. IS THERE AN ASSISTANT COACH YOU ARE WANTING TO BE ASSIGNED TO?

NAME: _____

IF YOU DO NOT HAVE A CHILD PARTICIPATING IN A SPORT OR DO NOT WISH TO COACH YOUR CHILDS TEAM PLEASE COMPLETE THE FOLLOWING INFORMATION

AGE GROUP YOU WOULD LIKE TO COACH: 5-6 7-8 9-10 11-13

DAY/TIME YOU WOULD LIKE TO PRACTICE:

DAY: TUESDAY FLAG FOOTBALL
TIME: 5:30 – 6:30 WEDNESDAY THURSDAY
6:30 – 7:30

DAY: MONDAY BASKETBALL
TIME: 5:00 – 6:00 WEDNESDAY THURSDAY
6:00 – 7:00 7:00 – 8:00

DAY: TUESDAY SOCCER
TIME: 5:30 – 6:30 WEDNESDAY THURSDAY
6:30 – 7:30

PARKS & RECREATION DEPARTMENT



EMPLOYEE/VOLUNTEER/CONTRACTOR BACKGROUND APPLICATION

CITY OF RIDGECREST
100 W. CALIFORNIA AVE.
RIDGECREST, CA 93555

| FOR OFFICIAL USE ONLY | |
|-------------------------------------|---------------------------------|
| CONTRACTOR <input type="checkbox"/> | POSITION: _____ |
| VOLUNTEER <input type="checkbox"/> | POSITION: _____ |
| EMPLOYEE <input type="checkbox"/> | POSITION: _____ |
| BACKGROUND DONE BY: _____ | |
| DATE: _____ | |
| APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> |

**** ALL WRITING NEEDS TO BE CLEAR AND LEGIBLE ****

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____
(LAST) (FIRST) (MIDDLE)

MAILING ADDRESS: _____ CELL PHONE: _____
(STREET AND NUMBER)

_____ HOME PHONE: _____
(CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____ BUSINESS PHONE: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

ALL POTENTIAL EMPLOYEES/VOLUNTEERS/CONTRACTORS FOR THE CITY OF RIDGECREST ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK. IF 18 YEARS OF AGE OR OLDER A LIVE SCAN WILL BE PERFORMED UPON BACKGROUND CLEARANCE.

HAVE YOU EVER BEEN CONVICTED AS AN ADULT FOR ANY VIOLATION OF THE LAW? PROVIDE DATES, LOCATION(S), AND PENALTIES. EXCLUDE TRAFFIC VIOLATIONS UNDER \$150. EACH CASE WILL BE GIVEN INDIVIDUAL CONSIDERATION. FAILURE TO LIST ALL CONVICTIONS OTHER THAN THOSE MENTIONED ABOVE MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION (IF YES – EXPLAIN UNDER REMARKS)

YES _____ NO _____

REMARKS (ATTACH ADDITIONAL SHEETS IF NECESSARY):

HAVE YOU BEEN LIVE SCANNED BY THE CITY OF RIDGECREST PARKS AND RECREATION DEPARTMENT?

YES _____ WHEN? _____ NO _____

I UNDERSTAND THAT MY SOCIAL SECURITY NUMBER AND DRIVERS LICENSE WILL BE REQUIRED ON THE DAY OF LIVE SCAN APPOINTMENT.

INITIAL: _____

I AUTHORIZE THE CITY OF RIDGECREST POLICE DEPARTMENT TO RUN A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT AS AN EMPLOYEE/VOLUNTEER/CONTRACTOR I AM REPRESENTING THE CITY OF RIDGECREST AND WILL ADHERE TO THE GUIDELINES SET FORTH BY THE PROGRAM.

SIGNATURE: _____ DATE: _____

IF YOU ARE UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST SIGN AGREEING TO THE BACKGROUND CHECK AND PARTICIPATION OF SAID PROGRAM.

I GIVE PERMISSION TO MY CHILD TO WORK/VOLUNTEER FOR THE CITY OF RIDGECREST.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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|--------------------------|-------------|
| M. LAW DONE BY: _____ | DATE: _____ |
| LIVE SCAN DONE BY: _____ | DATE: _____ |