

DeWitt Lacrosse Club  
COACHES APPLICATION



To be considered for a coaching position, this application must be completed in its entirety. A background check is required for all applicants. Coaches Applications will be reviewed and confirmation of acceptance will be conveyed no later than the end of February 2010.

Please mail your application to: DeWitt Lacrosse Club.  
P.O. Box 228  
DeWitt, MI 48820

**Personal Data** (Please print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Employed by \_\_\_\_\_ Phone Number #: \_\_\_\_\_

**Coaching Information**

Position applying for: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
Team: Boys Varsity \_\_\_\_\_ Boys JV \_\_\_\_\_ Boys 7<sup>th</sup>/8<sup>th</sup> \_\_\_\_\_ Boys 5<sup>th</sup>/6<sup>th</sup> \_\_\_\_\_  
Girls Varsity \_\_\_\_\_ Girls 7<sup>th</sup>/8<sup>th</sup> \_\_\_\_\_  
Have you ever coached Lacrosse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when, where, and what age group? \_\_\_\_\_  
\_\_\_\_\_  
Have you ever coached youth sports? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when, where, and what sports? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Will you have children playing Lacrosse this season? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide names and grades: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DeWitt Lacrosse Club

## COACHES APPLICATION

(continued)

What is your coaching philosophy? \_\_\_\_\_

\_\_\_\_\_

Why do you want to coach? \_\_\_\_\_

\_\_\_\_\_

Have you ever attended / completed any coaches training? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been "suspended / disciplined" as a coach or as a spectator from any Lacrosse or youth sporting event? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Confidential / Security**

Have you ever been convicted of a crime, felony or misdemeanor, other than a traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain all convictions including date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **APPLICANT'S STATEMENT**

I understand that if I am selected to coach, I will be governed by the rules and policies of the DeWitt Lacrosse Board.

I certify that all the information given by me in this application is true and correct to the best of my knowledge. I understand that any false and misleading statements or consequential omissions of any kind made by me in the application process are sufficient cause for my application to be rejected or for my dismissal regardless of when discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent to Conduct Background Check



Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

I, \_\_\_\_\_, by execution of this document, give the Michigan State Police Office permission to release to the DeWitt Lacrosse Club any criminal history record information pertaining to me which exists in the files of any state or local criminal justice agency in Michigan.

Please certify below whether you have been convicted of, arrested for, or are currently charged with any of the following crimes. A response is required for each item.

- |    | Yes | No  |   |
|----|-----|-----|---|
| 1. | ( ) | ( ) | Simple Battery or Aggravated Battery where the victim is a minor  |
| 2. | ( ) | ( ) | Cruelty to children   |
| 3. | ( ) | ( ) | Contributing to the delinquency of a minor  |
| 4. | ( ) | ( ) | Any sexual offense  |
| 5. | ( ) | ( ) | Violation of any Controlled Substance Act   |
| 6. | ( ) | ( ) | Alcohol related violations  |
| 7. | ( ) | ( ) | Murder or felony murder   |
| 8. | ( ) | ( ) | Criminal attempt to commit any above-named offense  |
| 9. | ( ) | ( ) | Any other crime that bears upon his/her fitness to have responsibility for safety and well being of children. |

I understand that I have a right to: (1) Obtain a copy of any background check report, and (2) challenge the accuracy and completeness of any information contained in any such report. I also understand that I may be required to submit a classifiable fingerprint card should any initial record check reveal that I have been arrested or convicted or that I am currently charged with any of the above enumerated offenses.

I acknowledge and agree to hold DeWitt Lacrosse Board harmless regarding any liability for defamation, invasion of privacy, or any other claim based upon good faith action taken pursuant to the provisions of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date