CHILD AND YOUTH SERVICES (CYS)
FORT HUACHUCA

YOUTH SPORTS AND FITNESS (YSF)
VOLUNTEER
APPLICATION

Name (Printed): _____ **Date**: _____

Sponsor's Name (If Applicable) _____ **Grade/Rank**: _____

Physical Address: _____
Street Address City/State Zip Code

Day Phone: _____ **Cell Phone**: _____

Personal Email: _____

Work Email: _____

Professional References (may not be Family Members)

1. Name: _____ Relationship: _____ Phone #: _____
2. Name: _____ Relationship: _____ Phone #: _____
3. Name: _____ Relationship: _____ Phone #: _____

Interested in Volunteering as: (Select all that apply)

	Head Coach		Assistant Coach		Jr. Official		Sr. Official

Sport(s) and Age Group(s): (Select all that apply)

Soccer		Basketball		Cheerleading		Flag Football		T-Ball		Other	
	SMART START (3-4 yr olds)		SMART START (3-4 yr olds)		SMART START (3-4 yr olds)		SMART START (3-4 yr olds)		SMART START (3-4 yr olds)		SMART START (3-4 yr olds)
	6U		6U		6U		6U		6U		6U
	8U		8U		8U		8U		8U		8U
	10U		10U		10U		10U		10U		10U
	13U		13U		13U		13U		13U		13U
	16U		16U		16U		16U		16U		16U

Other Sport(s)/Activity: _____

Are you planning to coach your Child(ren)'s Team? Yes: _____ No: _____ N/A: _____

1. Child's First & Last Name: _____ Age: _____
2. Child's First & Last Name: _____ Age: _____

3. Child's First & Last Name: _____ Age: _____
4. Child's First & Last Name: _____ Age: _____

Previous Coaching/Officiating Experience: (Select all that apply)

	Athletic Director		Collegiate		Travel/Select		Private Lessons
	Olympic		High School		Recreational		Never Coached
	Professional		Middle School		Clinic Instructor		Other

Previous Sport(s) Coached/Officiated: _____

1. _____ I understand that, as a Volunteer, I'm required to pass/maintain a CYS Background Check (BCR). Failure to disclose any derogatory information may result in my application being disapproved.
2. _____ I understand that I will be required to complete an annual Individual Development Plan
3. (IDP) that includes in-person and virtual training.
4. _____ I understand that **ALL** IDP training **MUST** be completed prior to the start of the Season
5. to receive the Coach's discount for my child(ren)'s YSF Registration.
6. _____ I understand that, once cleared, I will wear my issued green YSF Coach's shirt at **ALL** Practices and Games. If my green shirt is not available, I will wear another clearly identifiable item provided by CYS (e.g., green armband or wristband). These items will be provided at no cost to the Volunteer. Utilizing these items are required to comply with CYS Child Supervision and Accountability Regulations and local SOPs.
7. _____ If I am unable to attend a Practice or Game, I will notify the YSF Staff to arrange coverage as soon as possible.
8. _____ I understand that I **MUST** have YSF Director's approval **BEFORE** notifying parents or guardians about Practice and/or Game cancellations.

Please Select T-Shirt Size:

UNISEX		S		M		L		XL		XXL		OTHER

_____ _____
Applicant's Signature Date

_____ _____
CYS Staff Member's Signature Date

_____ _____
YSF Director's Signature Date