





6 Village Green Pelham, NH 03076 Email: recreation@pelhamweb.com www.pelhamweb.com/recreation

(603) 635-2721 Fax (603) 508-3094

## COACHES Volunteer Application (Please Print Clearly)

Name:		Date:		
Address:				
Street		Town	State	Zip
Cell Phone:	Date of Birth:			
Email address:				
Which age group would you	ı like to coach:			
Special skills, community (c	lubs, service org.'s,etc.):			
Previous Volunteer Experie	vious Volunteer Experience:Year:			
Do you have children in the	program?Yes	_No If yes	, what age(s)	or division(s)?
Special certifications, if any	(CPR, etc.):			
Have you ever been convicated additional pages if necessa				
Have you ever been refused In which programs might yo		youth programs?		
By signing, I attest that the inform and belief. I authorize the Pelham include a review of criminal and cappointed, my position is conditional hereby release and agree to hold representatives, from any and all whatsoever. I understand that reappointed, I understand that I amappointed position.	n Parks and Recreation Departmential abuse records maintained by anal and may be based upon the harmless from liability, the Town liability, actions, causes of action gardless of previous appointmential.	ent to conduct a bac y governmental age information containe n of Pelham, its dep n, debts, claims or d ts, I may not be app	ckground check oncies. I understated on my backgroartments, its empermands of any kerointed to a volun	on me, which may and that if bund check. I bloyees, agents, ind and nature attention. If
Signature of Applicant	Date			