

Sterling House Community Center
 2283 Main Street
 Stratford, CT 06615

VOLUNTEER COACH PROFILE

Name	Phone	Date
Street Address	City	Zip Code
		Social Security Number
Cell Phone	E-Mail Address	
Place of Employment/School (if a student)		Phone
Notify In Emergency	Relationship	Phone
Physician	Phone	
Heath Problems/Physical Limitations:		
Education/Special Training/Background in work with Youth:		
Certifications (Coaching License, Red Cross Training, etc.):		
Completed Stratford Youth Sports Association certification workshop: _____ Yes _____ No		
Previous Volunteer Experiences:		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? _____ Yes _____ No		
If yes, please explain:		
<p>* I attest that the above information is correct. I authorize investigation of all statements contained and understand that any false information is cause for termination of my volunteer role at any youth sports member organization of the Stratford Youth Sports Association (SYSA). I understand that the SYSA member organizations promote a drug free and smoke free sporting environment for youth. I am familiar with the rules, regulations and philosophy of the Sterling House Athletic Program. I agree to adhere to these policies and I understand all players in the youth divisions must play at least one half of every game. I agree to control my emotions in front of the youth that I coach and I understand that verbal abuse of Sterling House referees, supervisory staff, and players will not be tolerated. I understand that standings and records are not kept except in the high school BB division and that our leagues promote fun, development and participation. I will coach and promote the "Standards" established by the SYSA.</p>		
Signature _____		Date _____
Assignment: Circle all that apply - Fall Soccer/Basketball/Spring Soccer/Lacrosse/Girls Softball		