



TERREBONNE PARISH CONSOLIDATED GOVERNMENT
APPLICATION FOR COACHES AND VOLUNTEERS

LOG ID #
(Do not write in the space below)

PRINT IN BLUE INK OR TYPE. Terrebonne Parish Consolidated Government is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

NAME _____ Social Security No. ***-**-_____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

CELL PHONE (____) ____-____ EMAIL: _____

List exact title of position for which you wish to apply:	Job Type/#	Closing Date

Are you at least 18 years of age? YES NO

Have you ever been convicted of a felony? YES NO
(If your answer is "Yes," please explain below. A conviction may not disqualify you, but a false statement will.)

Licenses/Certifications

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (Concussion Protocol, CPR, First Aid)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)

Special Training/Skills/Qualifications: List all sports, trainings, skills you possess to be a volunteer/ coach:

Employment Query

Have you ever volunteered with TPCG before? YES NO When _____ How Long _____

How were you referred to TPCG?

Advertisement Employee Referral Walk-In Agency Other _____

PRE-VOLUNTEER CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATED YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from volunteering or removal of my application from consideration.
2. If accepted to volunteer by the Parish I will abide by all State and Parish policies and rules.
3. If I am accepted as a volunteer, I give my authorization for the release of my adult criminal history record.
4. I understand and agree that unlawful harassment, whether on the basis of race, color, religion, national origin, sex, age, etc., or any other legally protected characteristic will not be tolerated.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the term conditions stated in this application. This application contains all the understandings and agreements between me and the Parish concerning the nature of my volunteering and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Parish. I understand and agree that, except as noted above, no person who is either an agent or employee of the Parish may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of volunteering set forth herein.

THIS APPLICATION MUST BE SIGNED Sign Here: _____
Applicant's Signature Date

Print Name: _____