

Hinesburg Recreation Department 10632 Rte 116 Hinesburg, VT 05461 www.hinesburg.org hinesburgrec@gmavt.net 802.482.2281 x2230

Hinesburg Recreation Department Volunteer Application

Sport______ Age Group_____ Season____

First Name	M.I	Last Name
First Alias or Alternate (Maiden Name, Ni	ckname)	
Second Alias or Alternate (Maiden Name,	Nickname)	
Address		
Date of Birth	Child's Name	
Home phone	Cell phone	
Email		
Experience: Have you coached before?	What organ	nization?
Have you played this sport?	When?	T-shirt size
Meeting and any training provided. Receive a organize weekly practices. Supervise children keep track of equipment. Maintain communithroughout season with any concerns, injurie of Hinesburg, at its sole discretion, reserves the season with any concerns of Hinesburg, at its sole discretion, reserves the season with any concerns.	and disperse updates for the son at all times during practices and cation with players and parents, or for assistance. Return all the right to suspend or terminate.	urposes prior to start of season. Attend Coaches eason to parents and players. Develop, plan and and games. Work with assistant(s). Clean and ts throughout season. Keep in contact with HRD equipment at the end of the season. The Town ate a volunteer coach from his/her position at reation Department Coach's Commitment are
THANK YOU for your time & ded	ication to HRD. We can't offe	er our programs without volunteers!
As a condition of volunteering, I give permissi through the Vermont Criminal Information Ce satisfactory background check.	= :	
Signature		Date
Adopted: December 2, 2013 by the Hi	inesburg Selectboard	