APPLICATION FOR COACHES AND VOLUNTEERS FOR THE VILLAGE OF HARWOOD HEIGHTS YOUTH COMMISSION

Complete application and return in person, by mail or fax to:

The Village of Harwood Heights 7300 W. Wilson Avenue Harwood Heights, Illinois 60706 Telephone: 708-867-7200

Fax: 708-867-3038

| (PLEAS | SE PRINT) | | | |
|---------|--|--|--|--|
| Name | e: Date of Birth: | | | |
| Addre | ess: | | | |
| City/V | /illage/Town: State: Zip code: | | | |
| Home | e Phone # Cell #: | | | |
| Email a | address: Occupation: | | | |
| Progr | ACHES: ram(s) applying for: (check off box(es) with X) Soccer (Saturdays, September 18, 2010-November 6, 2010) Volleyball (Tuesdays, September 28, 2010-November 2, 2010) | | | |
| | UNTEERS: ram(s) applying for: (check off box(es) with X) | | | |
| | Soccer (Saturdays, September 18, 2010-November 6, 2010) | | | |
| | | | | |
| | □ Volleyball (Tuesdays, September 28, 2010-November 2, 2010) | | | |
| | Basketball (Mondays & Wednesdays, October 4, 2010-December 8, 2010) | | | |

| Please indicate experiences | kperience In detail and list any certifications an | d awards acquired. | |
|--|---|---|--------------------------|
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| References: (Please provide | the names and numbers of 4 reference | s that we may contact) | |
| Name: | | | |
| | | | _ |
| | State: | | _ |
| Phone #: | Relationship to you: | | _ |
| Name: | | | |
| | | | _ |
| | State: | | _ |
| | Relationship to you: | | |
| Name: | | | |
| | | | _ |
| | State: | | _ |
| | Relationship to you: | | |
| Namo | | | |
| Name: | | | |
| | State: | | _ |
| | State Relationship to you: | | |
| FIIOIIC # | Kelationship to you. | | _ |
| I verify that the information check prior to employmen | n provided above is true and I am s t. | subject to a criminal bac | kground |
| criminal background check licenses, driving records, p | fillage of Harwood Heights to inquicks, professional licenses, education bolice reports, employment or voluniformation to release it to The Vill | onal background, referen unteer history. I also give | ces, e permission |
| a result of the release of the provides information to the | od Heights harmless of any liabilit his information. I also hold harmle e above-named agency. I understa nation only as a part of its verifica | ss any individual or orga and that the Village of Ha | anization that arwood |
| Signature | | Date | |