

PLEASE RETURN TO REC. DEPT. WITH RECEIPT FROM FINGERPRINTING.

**EAST HANOVER TOWNSHIP RECREATION
VOLUNTEER COACHES APPLICATION**

Last Name: _____ First Name: _____

Address: _____ Town: _____ Zip Code: _____

Date of Birth: _____ Home #: _____ Cell # _____

Do you have children in the programs? Yes _____ No _____

List the sport organizations you will be volunteering for: _____

The Township of East Hanover requires that all volunteer coaches take the Rutgers Safety Clinic. Have you attended this clinic? Yes _____ No _____ If NO, contact the East Hanover Recreation Department for a list of available class dates.

CONSENT FORM

As a condition of volunteering, I give permission for the Township of East Hanover to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. Falsification of information on this disclosure statement may be grounds to deny participation in any of East Hanover's recreation programs. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. Further, I agree to indemnify and hold harmless East Hanover Township, its League Organization and Board Members.

Signature: _____ Date: _____

Name (please print) _____

PLEASE RETURN TO REC. DEPT. WITH RECEIPT FROM FINGERPRINTING.

OVER