

**Walton County  
Parks & Recreation Department  
APPLICATION TO COACH**

Central Walton Park\_\_\_ West Walton Park\_\_ South Walton Park\_\_

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Photo Copy Of  
Driver License  
Must be  
Attached**

**Telephone:**

\_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ email address

**Coaching Experience:**

Year	Sport	League (example) GGBL, Monroe Little League, Walton Co., etc.)

**Certifications:**

Year	Sport	Exp. Date	Certifying Agency

**INDICATE SPORT REQUESTED: (Circle One)**

Baseball   Softball   Football   Flag Football   Cheerleading   Basketball   Soccer

**BOYS AGE GROUP:**      4      5-6      7-8      9-10      11-12      13-14      15-18

**GIRLS AGE GROUP:**      4      5-6      7-8      9-10      11-12      13-14      15-18

(circle one or both)

**POSITION REQUESTED:**                      Head Coach or Assistant Coach

Positions are not guaranteed                      Request to coach with: \_\_\_\_\_

Final decision on coaching position is                      (name of head Coach)

Based on the best interests of the program

\*\*Approved Background Check Consent Form valid for 12 months

Date submitted: \_\_\_\_\_



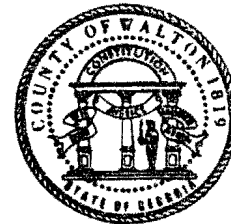
# SHERIFF JOE CHAPMAN

## WALTON COUNTY SHERIFF'S OFFICE

1425 South Madison Avenue, Monroe, Georgia 30655

Office (770) 267-6557

Fax (770) 266-1500



### CRIMINAL HISTORY/ARREST RECORD REQUEST – CONSENT FORM

I hereby authorize \_\_\_\_\_ with \_\_\_\_\_  
To receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency. This authorization is valid for 90 days from the date of signature.

\_\_\_\_\_  
(Last) (First) (Middle) Race Sex (Date of Birth)

\_\_\_\_\_  
(If applicable, maiden name or name used in past) Social Security Number

\_\_\_\_\_  
Address City/State/Zip Code Telephone #

\_\_\_\_\_  
Signature Date

Please circle one of the following for type of employment: \* Employment with mentally disabled  
\* Employment with elder care \* Employment with children \* Other \_\_\_\_\_

#### **DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)**

This statement is to certify the criminal arrest files of The State of Georgia have been searched and reveal the following information on the above listed subject:

( ) No Record with our agency ( ) No record on Ga. State File/GCIC

( ) Arrest Record as follows: ( ) See attached GCIC printout

\_\_\_\_\_  
WCSO # Employee Name Initials Date

\_\_\_\_\_  
Received By Date