

**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

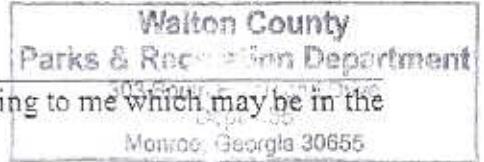
Positions are not guaranteed                      Request to coach with: \_\_\_\_\_

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: \_\_\_\_\_

**WALTON COUNTY SHERIFF'S OFFICE  
CONSENT FORM**



I hereby authorize \_\_\_\_\_ with \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be in the  
files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are applying for employment with children, elderly, or mentally disabled, please check  
one of the following:

\_\_\_\_\_ Employment with mentally disabled (Sheriff's Office use—purpose code M)

\_\_\_\_\_ Employment with elder care (Sheriff's Office use---purpose code N)

\_\_\_\_\_ Employment with children (Sheriff's Office use---purpose code W)

**ONE OF THE FOLLOWING MUST BE CHECKED**

\_\_\_\_\_ This criminal history is only valid for 90/180/\_\_\_\_\_ days from date of signature  
(circle one) (fill in)

\_\_\_\_\_ I, \_\_\_\_\_, give consent to the above named to  
perform periodic criminal history background checks for the duration of my employment  
with this company.

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

\_\_\_\_\_  
Date