



DeWitt Lacrosse Club

COACHES APPLICATION

To be considered for a coaching position, this application must be completed in its entirety. A background check is required for all applicants. Coaches Applications will be reviewed and confirmation of acceptance will be conveyed no later than the end of February.

Please mail your application to: DeWitt Lacrosse Club.
P.O. Box 228
DeWitt, MI 48820

Personal Data (Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-mail: _____

Employed by: _____ Phone #: _____

Coaching Information

Position applying for: Head Coach Assistant Coach

Team:

Boys Varsity Boys JV Boys 7th/8th Boys 5th/6th

Girls Varsity Girls JV Girls 7th/8th Girls 5th/6th

Have you ever coached Lacrosse? Yes No

If yes, when, where, and what age group

Have you ever coached youth sports? Yes No

If yes, when, where, and what sports?

Will you have children playing Lacrosse this season? Yes No

If yes, please provide names and grades:



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(continued)

What is your coaching philosophy?

Have you ever attended/completed any coaches training? Yes No

If yes, please explain:

Have you ever been “suspended/disciplined” as a coach or as a spectator from any Lacrosse or youth sporting event? Yes No

If yes, please explain:

References

Name	Phone	Relationship

Confidential / Security

Have you ever been convicted of a crime, felony or misdemeanor, other than a traffic violation?

Yes No

If yes, please explain all convictions including date:

APPLICANT’S STATEMENT

I understand that if I am selected to coach, I will be governed by the rules and policies of the DeWitt Lacrosse Board. I certify that all the information given by me in this application is true and correct to the best of my knowledge. I understand that any false and misleading statements or consequential omissions of any kind made by me in the application process are sufficient cause for my application to be rejected or for my dismissal regardless of when discovered.

Signature: _____

Date: _____



Consent to Conduct Background Check

Full Legal Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

I, _____, by execution of this document, give the Michigan State Police Office permission to release to the DeWitt Lacrosse Club any criminal history record information pertaining to me which exists in the files of any state or local criminal justice agency in Michigan. Please certify below whether you have been convicted of, arrested for, or are currently charged with any of the following crimes. A response is required for each item.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Simple Battery or Aggravated Battery where the victim is a minor |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Cruelty to children |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Contributing to the delinquency of a minor |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Any sexual offense |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Violation of any Controlled Substance Act |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol related violations |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Murder or felony murder |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Criminal attempt to commit any above-named offense |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Any other crime that bears upon his/her fitness to have responsibility for safety and well-being of children. |

I understand that I have a right to: (1) Obtain a copy of any background check report, and (2) challenge the accuracy and completeness of any information contained in any such report. I also understand that I may be required to submit a classifiable fingerprint card should any initial record check reveal that I have been arrested or convicted or that I am currently charged with any of the above enumerated offenses. I acknowledge and agree to hold DeWitt Lacrosse Board harmless regarding any liability for defamation, invasion of privacy, or any other claim based upon good faith action taken pursuant to the provisions of this consent.

Signature

Date