

ROCKAWAY TOWNSHIP

SIXTY-FIVE MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866-1699 973-627-7200 / FAX 973-627-1081

Dept of Parks, Recreation and Senior Services

Coaches Application - Volunteer Resume

Name:
Address:
Phone:Cell #
Current Employer:
Address:
May we contact your employer for a reference check? YesNo
Emergency Contact:
Address:Street City State Zip
Phone:
Home Alternate Desired Program and/or Program Affiliation: List all that apply
Desired Position: Coach, Mgr., Umpire: List all that apply

(SEE REVERSE SIDE TO COMPLETE THE APPLICATION)

List all Coaching and other relevant experience:

Year Position Held Program / Municipality Sport	
1	
2.	
3	
4	
List all current and valid certifications	applicable to Recreation and Athletic Programs.
Certificate / Course Certifying Agency Expiration	
Rutgers Clinic - Data Takan	Location
1	
3	
	me other than a minor traffic violation? d the state where the conviction was made and the date.
Have you ever been convicted of driving If yes, state the town and state where the conviction we	
• • •	ith a law enforcement agency under Megan's Law?
	_NoYes
Additional persona	al references we may contact:
Name Relationship Phone	
1.	
2. 3.	
J	
understand that if any such information is w understand that falsification of this applicat	te is true and accurate to the best of my knowledge. I willfully false, I am subject punishment. I further ion and content herein may result in dismissal as a times. I authorize Rockaway Township to investigate all
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