

**TALLAHASSEE PARKS, RECREATION AND
NEIGHBORHOOD AFFAIRS DEPARTMENT
VOLUNTEER INFORMATION SHEET**

PROGRAM: _____ **PARK** _____

FULL NAME: _____ DATE OF BIRTH _____
(PRINT)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ CELL # _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

STATE: _____ EXPIRATION DATE: _____ RACE: _____ SEX: _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, state the nature of offense: _____

Are you a U.S. citizen? YES _____ NO _____

If you are not a U.S. citizen, do you possess official documentation that authorizes you to work in the U.S.? YES _____ NO _____

Name of Team You Will Be Coaching: _____

Age Group: _____

Are You NYSCA Certified? YES _____ NO _____

Please list any volunteer / paid coaching experience you have:

By my signature below, I understand that the Tallahassee Parks and Recreation Department may conduct any criminal background check they deem appropriate or mandated by law:

Signature Date

For Office Use Only:

Background Check Completed By: _____
Signature Date

Type of Background Check Done: _____