



## DEPARTMENT OF RECREATION & CULTURAL AFFAIRS

330 PASSAIC STREET, PASSAIC NJ 07055

973-365-5525 (P) 973-365-3273 (F)

### Volunteer Application

#### Personal Information

NAME: \_\_\_\_\_ Over 18 \_\_\_\_\_ \*Under 18 \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PARENT'S SIGNATURE: \_\_\_\_\_

(\*IF APPLICANT IS UNDER 18)

#### Emergency Information

PERSON TO NOTIFY IN AN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### Volunteer Position Desired

☐ **Sports** Which coaching position you are applying for: ☐ Head Coach ☐ Assistant Coach

Please indicate which sport you would like to coach: ☐ Football ☐ Soccer ☐ Volleyball ☐ Golf

☐ Baseball ☐ Softball ☐ Basketball ☐ Lacrosse ☐ Tennis ☐ Wrestling ☐ Other \_\_\_\_\_

Do you have any of the following: ☐ First Aid/CPR Card ☐ \*Coaching Certification \_\_\_\_\_

☐ Experience (not required but helpful) \_\_\_\_\_

\*All coaches must take The Rutgers S.A.F.E.T.Y. Clinic (*Sports Awareness for Educating Today's Youth*™) which is a three-hour program that meets the "[Minimum Standards for Volunteer Coaches Safety Orientation and Training Skills Programs](#)" (N.J.A.C. 5:52) and provides partial civil immunity protection to volunteer coaches under the "[Little League Law](#)" (2A:62A-6 et. seq.) (THIS IS A ONE TIME FEE OF \$40.00)

(If coaching your child's team)

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Team: \_\_\_\_\_

☐ **Events** ☐ **Other** \_\_\_\_\_

Special Skills or Qualifications or Talent (Not necessary but helpful)

\_\_\_\_\_  
\_\_\_\_\_

Please be advised that as per the State of NJ and City Ordinance a background check must be conducted. Background checks must be completed with the City of Passaic's Personnel Dept. \*All information obtained will remain strictly confidential.

City of Passaic  
CONFIDENTIAL

Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize The City of Passaic and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The City of Passaic or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The city of Passaic and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information, including but not limited to addresses, social security numbers and date of birth.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*If you are under 18yrs old your parent must complete this section.***

A minor, \_\_\_\_\_, is applying for employment with the City of Passaic. Part of the employment process includes background checks and/or drug testing.

As the parent(s) of the above-referenced minor, I understand the purpose of these pre-employment checks and hereby provide my consent for the background checks and/or drug test.

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Parent Legal Guardian Signature:

Relationship to minor: \_\_\_\_\_

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