

Tapply-Thompson Community Center

30 North Main Street • Bristol • NH 03222
Phone 603.744.2713 • FAX 603.744.3502
E-mail ttcc@metrocast.net • Website www.ttccrec.org

VOLUNTEER PROGRAM LEADER AGREEMENT

NAME OF VOLUNTEER: _____ SPORT _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME TELEPHONE _____ WORK TELEPHONE _____

Dear Coach:

Under New Hampshire law (RSA 508:17) you are recognized as a volunteer of the Tapply-Thompson Community Center because you do not receive compensation for the duties and functions that you perform. Accordingly, during your tenure as a volunteer, which will continue until your resignation or discharge from the Tapply-Thompson Community Center, you will be immune from civil liability in any legal action or suit brought on the basis of any act resulting in damages or injuries to any person if:

1. You were acting in good faith and within the scope of your duties and functions as specified; and
2. You did not cause the injury or damage through willful, wanton, or grossly negligent misconduct; and
3. You have prior written approval from the Tapply-Thompson Community Center to act on behalf of the Tapply-Thompson Community Center.

The purpose of this letter is to comply with the provision of the RSA 508:17, the volunteer immunity law, and constitutes prior written approval.

Thank you for volunteering.

Director, Tapply-Thompson Community Center

Date

Signature of Volunteer

Date

Tapply-Thompson Community Center

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COACH APPLICATION

NAME: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

POSITION YOU ARE APPLYING FOR: _____

PREVIOUS COACHING EXPERIENCE: _____

WHY DO YOU WANT THIS POSITION: _____

WOULD YOU BE INTERESTED IN AN ASSISTANT COACH POSITION IF YOU ARE NOT NAMED HEAD COACH? ___ YES ___ NO

WHAT EXPERIENCE DO YOU HAVE WORKING WITH CHILDREN?

PLEASE LIST THREE PERSONAL REFERENCES WITH PHONE NUMBERS:

_____ PHONE: _____

_____ PHONE: _____

_____ PHONE: _____

THANK YOU ,

TTCC



Background Consent/Release Form

Organization _____

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____ Date: _____

Signature:

COACHES' CODE OF ETHICS

As a Coach for the Tapply-Thompson Community Center Baseball/Softball Program I agree to the following Code of Ethics:

- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all of my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date