



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 #: _____

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.