



SINCE 1844

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? ____ Yes ____ No

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 Date

Rutgers Clinic → Date Taken _____ Location _____

- 1. _____
- 2. _____
- 3. _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, state what the conviction was for, the town and the state where the conviction was made and the date.

Have you ever been convicted of driving under the influence? _____

If yes, state the town and state where the conviction was made and the date of conviction.

Are you currently required to register with a law enforcement agency under Megan’s Law?

_____No _____Yes

Additional personal references we may contact:

Name Relationship Phone

- 1. _____
- 2. _____
- 3. _____

I certify that the information provided by me is true and accurate to the best of my knowledge. I understand that if any such information is willfully false, I am subject punishment. I further understand that falsification of this application and content herein may result in dismissal as a volunteer from Rockaway Township programs. I authorize Rockaway Township to investigate all statements contained in this application.

Signature: _____ Date: _____

Electronic signatures are not acceptable, documents must be signed in ink (i.e., proof of signature)