



Town of West Springfield

Sonia H. Manley
Director

Park and Recreation Department
26 Central Street
West Springfield, MA 01089
413-263-3284
parkandrec@tows.org



COACHING APPLICATION

Sport _____ Age Level/League _____

Position (check one) __ Team Manager __ Head Coach __ Asst. Coach (with whom) _____

Name _____ Home Phone # _____ Work Phone # _____

Address _____ Cell Phone #: _____

City/State/Zip _____

Email Address: _____

Current Employer _____ Phone # _____

Previous Employer _____ Phone # _____

May we contact your current and previous employer? yes no

If no, please explain _____

Coaching Experience

Have you ever coached a sport sponsored or co-sponsored by the Park & Recreation Department?

yes no

Please list sports coached and number of years: _____

Do you currently have children involved in sports? yes no

If yes, please list their names, age and league _____

Please state why you wish to coach for the West Springfield Park & Recreation Department: _____

(please turn over)

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE ALONG WITH
THE COACHING APPLICATION AND CORI. THANK YOU.**

Are you certified in First Aid? yes no Are you certified in C.P.R.? yes no

References

(Must be filled out completely)

Please list three(3) references below that have knowledge of your ability to work with children.

| | <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|----|-------------|----------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

NOTICE: Moreover, note that C.O.R.I. and/or S.O.R.I. checks will be conducted on applicants. The applicant is required to sign an acknowledgement on the C.O.R.I. request form that is submitted to the Criminal History Systems Board.

An applicant for employment with a sealed record on file with the commission of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Certain criminal offenses mandate disqualification for employment, and that upon disclosure of such offenses, employment shall not be offered or shall be terminated.

Have you ever been convicted of a felony? ☐ yes ☐ no record

If yes, please specify? _____

Have you been convicted of a misdemeanor in the last five years? ☐ yes ☐ no record

If yes, please specify? _____

Signed as a sealed instrument this _____, day of _____, 20____.

(date) (month) (year)

Signature _____ Print Name _____

THE TOWN OF WEST SPRINGFIELD IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY
EMPLOYMENT EMPLOYER.

In order to be eligible for coaching in a West Springfield Park & Recreation Department program you must have the following information on file for each coaching season.

- 1. Current Coaching Application**
- 2. C.O.R.I. Check (Criminal History Check)**



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE, SCHOOL ID, OR PASSPORT ALONG WITH THE CORI. THANK YOU.

Please Turn Over



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* **First Name:** _____ Middle Initial: _____

* **Last Name:** _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* **Date of Birth (MM/DD/YYYY):** _____ Place of Birth: _____

* **Last SIX digits of Social Security Number:** ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* **Street Address:** _____

Apt. # or Suite: _____ ***City:** _____ ***State:** _____ ***Zip:** _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE, SCHOOL ID, OR PASSPORT ALONG WITH THE CORI. THANK YOU.

Verified by:

Print Name of Verifying Employee

Sonia Manley

Signature of Verifying Employee

Date