

Cat Osterman Experience 2010 Coach Resume

Complete this form and fax to 888-897-7986 (or scan and email to docs@catsvillage.com).



Team Name: _____ Week attending COE: _____

Print Name _____

Home Phone _____

Address _____

Business/ Cell Phone _____

City _____ / _____ / _____

State/Province ZipCode

Date of Birth _____
(must be 18 years of age or older):

Social Security Number: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Community Affiliations (church, clubs, service organizations, etc.): _____

Previous Youth Experiences (coaching, teaching, youth organizations, scouting, etc.): _____

Special Certifications (CPR, Medical, etc): _____

Have you ever been convicted of a felony or do you presently have a criminal action pending against you? YES NO

If yes, describe each in full: _____

Please list three (3) references and their daytime phone numbers, all references must have knowledge of your participation as a coach/teacher in youth programs (No immediate family members/relatives can be provided): (please print legibly)

Name	Relationship	Daytime Phone Number
1. _____	/ _____	/ _____
2. _____	/ _____	/ _____
3. _____	/ _____	/ _____

As a condition of being a coach at Cat Osterman Experience (COE), I give COE permission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if accepted, my status is conditional upon COE receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability COE, the officers, representatives or any other person or organization that may provide such information. I understand that I am subject to suspension and removal by COE for violation of COE rules or policies.

I, _____ (print name) do certify under penalty of perjury that the above information is complete and accurate.

Coach Signature: _____ Date: _____

IF ADDITIONAL SPACE IS NEEDED TO ANSWER QUESTIONS PLEASE USE THE BACK OF THIS FORM.

For Cat Osterman Experience Use Only: Resume Check completed Date: _____

Director Signature: _____ Comments: _____