

Tahoe City Public Utility District P. O. Box 5249 Tahoe City, California 96145 Ph. (530) 583-3440 Fax (530) 583-1475

## **VOLUNTEER APPLICATION**

## **INSTRUCTIONS**

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- All Supplemental Documents must be completed.
- Deliver application to TCPUD at 401 West Lake Blvd., Tahoe City, CA; mail to P.O. Box 5249, Tahoe City, CA 96145; fax to 530-583-1475; or email to recreation@tcpud.org.

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|---------------------------------------|----------------------------------|--------------------------------|---------------|-------------|--|
| First Nar                             | ne, Middle Name, Last Name       |                                |               |             |  |
| Mailing Address                       |                                  |                                |               |             |  |
| PO Box/S                              | Street Address, City, State, Zip |                                |               |             |  |
| Home Phone                            | Cell Phone                       |                                | _E-mail       |             |  |
| Driver's License # and S              | tate of Issuance                 | Social Security #              |               |             |  |
| Please indicate preferre              | ed Sport:                        |                                |               |             |  |
| O Basketball                          | O Baseball                       | O Softball                     | O Other       |             |  |
| Please indicate:                      |                                  |                                |               |             |  |
| O Head Coach                          | O Assistant Coach                | O Age Level/Division Requested |               |             |  |
| What is your probability              | y of attending?                  |                                |               |             |  |
| Practices                             | O All                            | O Most                         | O Some (half) | O Few (1/3) |  |
| Games                                 | O All                            | O Most                         | O Some (half) |             |  |
| Tournaments                           | O All                            | O Most                         | O Some (half) | O Few (1/3) |  |
| Do you have a Coaching Certification? |                                  |                                | O Yes         | O No        |  |
| Have you coached previously?          |                                  |                                | O Yes         | O No        |  |
| If so; please indicate                | e when, where and at wh          | nat level in space             | below.        |             |  |
| Have you played the sp                | ort you are requesting?          | O Yes                          | O No          |             |  |
|                                       | e when, where and at wh          | nat level in space             | below.        |             |  |

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| What is your coaching ph<br>O Winning<br>Please expand in space | O Having Fun  | O Discipline  | О Те                           | eaching Teamwork                                    |  |
|---|---|---|--------------------------------|---|--|
| Are you willing to take di                                      | O Yes   | O No  |                                |   |  |
| Have you had First Aid Tr                                       | O Yes   | O No  |                                |   |  |
| Are you willing to enforce Coaches, Players and Par             | O Yes   | O No  |                                |   |  |
| Do you have any relatives<br>If yes, state name(s) of           | OYes  | O No  |                                |   |  |
| Have you ever filed an ap                                       | O Yes   | O No  |                                |   |  |
| Have you previously been<br>If yes, state date(s) of            |   | O No<br>low.  |                                |   |  |
| Explanatory Information   | for Above:  |   |                                |   |  |
|   |   |   |                                |   |  |
|   |   |   |                                |   |  |
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|   |   |   |                                |   |  |
|   |   |   |                                |   |  |
|   |   |   |                                |   |  |
| and belief. I hereby auth herein, with the understa             | orize the Tahoe City I<br>anding that omission o<br>erstand that I will be ro | s application are true and<br>Public Utility District to in<br>or misrepresentation of fa<br>equired to be fingerprinte | vestigate any<br>cts may be gr | information I have given ounds for rejection of the |  |
| ignature of Applicant   |   |   | Date                           |   |  |

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