ANYONE WISHING TO BE a Coach or on a Committee
FOR THE SANTA CLARA P.A.L. PROGRAM

MAIL to: SANTA CLARA PAL, 601 EL CAMINO REAL, SANTA CLARA, CA 95050
OR FAX: (408) 984-1407 or call 615-4880
email: nhelvie@santaclaraca.gov

Name:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Home Number:_____ **Email:**_____

Work Number _____ **Cell Number:**_____

I would like to be a Head Coach or Assistant or Other (circle one):_____

If Assistant Coach, which Manager or Head Coach are you assisting?

_____

Reason why you want to be a coach (how many yrs as a player/member or previous coaching experience, etc.)

_____

Have you coached PAL before? _____**If so, when did you first start?** _____
If you have been involved in PAL for awhile, describe the most significant memory as a member that most motivates you to continue as a PAL volunteer (particular event, accomplishment, player info)? (you may attach separate written note here)

_____
_____
_____

Which program would you like to coach? _____

Division: _____

Circle your Shirt Size: AS AM AL AXL AXXL AXXXL

Finger printed (Live Scan)? Yes_____ **No**_____ **If Yes, Date?**_____

I have received a copy of the Code of Conduct.

Signature:_____**Date:**_____

ADVISORY COMMITTEE USE ONLY

*Programs Name:*_____

*Approved:*_____ *Denied:*_____

*Comments:*_____

*Executive Director or Liaison Signature:*_____ *Date:*_____ *(OVER)*

Coaches

These Guidelines Are Designed To:

- **Protect P.A.L.**
- **Protect The Kids**
- **And Protect You**
- **Remember The Welfare Of The Children Is Paramount. Young Athletes Have A Right To Expect Appropriate Management, Support, Personal And Social Development With Regard To Their Involvement In All Levels Of Athletics.**

- **If You See Anything Unusual Or Feel That Something Is Wrong (Whether It's Another Coach, A Parent Or One Of The Kids), Report It.**
- **Make Sure You Do Not Transport A Child In Your Car Without An Adult, Or At Least Another Child, In The Car With You. In Fact, Short Of An Emergency, There Is No Real Need To Transport A Child In Your Personal Vehicle.**
- **All Incidents Of Suspicious Poor Practice And Allegations Of Abuse Will Be Taken Seriously And Responded To Swiftly And Appropriately.**

The Above Information was presented to you (the volunteer coach):

Today's Date: _____
(Please read, date & sign that you read this)

Print your name (coach's name):_____

Your signature:_____

Team/Division
(age group):_____

Officer _____
Director, Santa Clara P.A.L.

(OVER)