



**Girls on the Run® of Maricopa County**  
Returning Coach Application,

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Site/School: \_\_\_\_\_ Girls on the Run® \_\_\_\_\_ Girls on Track® \_\_\_\_\_  
(indicate which program you will be coaching)

Email (one that will be checked during summer/holidays): \_\_\_\_\_

Date of CPR/First Aid certification (include copy if not on file with CD): \_\_\_\_\_

**Please answer the following questions:**

1. What position are you interested in? (circle all that apply)

Head Coach                      Asst Coach                      Site Liaison

1. How many days per week are you available?    1 day/week                      2 days/week

2. Current site/school that you are coaching \_\_\_\_\_.

3. Would you like to continue coaching at this site/school if the program is offered Fall 2010?    Y    N

4. If the location is not offering a Fall 2010 program, please indicate all schools and/or areas in Maricopa County you would be interested in coaching.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required paperwork:

- o Non-Compete form (signed every two years)
- o Volunteer Management Polices (updated each season)
- o Health History (new requirement as of 4/10)
- o Background check (every two years) performed by Carolina Connections, Inc.

Background check information (contact the Council Director if need the date of last check):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\*If not comfortable putting the above information on paper, please call the Council Director with the information\*

Please complete and send to:  
28248 N. Tatum Blvd, B1-463  
Cave Creek, AZ 85331  
[www.councildirector@gotrmc.org](mailto:www.councildirector@gotrmc.org)  
602-795-6572 (ph)  
480-248-6608 (fax)