

**Mesquite Parks and Recreation Department
YOUTH VOLLEYBALL COACHES APPLICATION**

Name _____

Day Time Phone _____ Home Phone _____

1. Which age division would you like to coach? _____

2. Have you coached in this Youth Volleyball Program in the past? YES or NO

3. If so, circle and fill out the following information.

Division: 12/under, 14/under Team Name/School _____

4. Do you have a child registered in the Youth Volleyball Program? YES or NO

5. If so, what is the child's name? _____

6. I realize that a criminal background check will be conducted by the
City of Mesquite on all Youth Volleyball coaches? YES or NO

7. I fully understand that the City of Mesquite reserves the right to accept
or reject my request to coach within the Youth Volleyball Program. YES or NO

Applicant's Signature

Date

FOR PARD OFFICE USE ONLY

Date Received: _____

Approved / Denied _____

Date Notified

Received by: _____

Notified by: _____