



First Baptist Nesbit

WE ARE NESBIT. WE ARE FAMILY.

FBC Nesbit Recreation Ministry

# Coaching Application

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Contact Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

In what areas do you serve at church? \_\_\_\_\_

Briefly describe your relationship with God, including your personal salvation experience, and any other details you would like us to know. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you coached at FBCN before? Y / N ♦ Have you coached somewhere else? Y / N

List programs in which you have participated as a coach or worked with children:

Program

City / State

Preferred practice day/time: MON. TUES. THUR. 5:30 pm 6:30 pm

Shirt size (polo style): S M L XL XXL XXXL

Name/age/grade of your participating children: \_\_\_\_\_

Which children are you requesting to coach? \_\_\_\_\_

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



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1645 Highway 51N, Nesbit, MS 38651

Office: 662-429-5319

Website: fbcnesbit.org

Email: fbcnesbit@bellsouth.net

## Permission to Perform Background Check

I, \_\_\_\_\_, authorize First Baptist Church of Nesbit to obtain information regarding my background including felony criminal records, misdemeanor records and/or outstanding warrants which may exist in any local, state, or federal criminal justice or regulatory agency. This authorization also includes driving records archived by any state.

I hereby release all contacted agencies and their representatives from any liability related to the sharing of this information with First Baptist Church of Nesbit. I further release First Baptist Church of Nesbit from any liability and agree to hold it harmless in connection with any claims, charges, losses, or liabilities to which I may become subject as a result of this inquiry.

Full Name (Printed) \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number/Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_

Other addresses in the past 7 years: \_\_\_\_\_

If you have ever been fingerprinted, list the date and the agency: \_\_\_\_\_

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



For office use only: \_\_\_\_\_ Staff \_\_\_\_\_ Recreation

\_\_\_\_\_ Preschool \_\_\_\_\_ Children \_\_\_\_\_ Nursery

**\* All coaches and volunteers are subject to FBCN Constitution and Bylaws.**