

# GOTR-DC Fall 2010 Coach Application

## 1. GOTR-DC Fall 2010 Coach Application

Thank you for your interest in coaching with GOTR-DC. This survey will be open to collect applications until July 23. After July 23, we will e-mail selected applicants to arrange for a group interview in August.

Please visit [www.gotrdc.org](http://www.gotrdc.org) for more information or e-mail [elizabeth@gotrdc.org](mailto:elizabeth@gotrdc.org) if you have any questions.

### \* 1. Demographic Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Birthdate (MM/DD/YYYY)	<input type="text"/>
Age on 9/1/10	<input type="text"/>
Day Phone	<input type="text"/>
E-mail	<input type="text"/>

### \* 2. Address

Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP:	<input type="text"/>

### \* 3. Employment

Place of Employment	<input type="text"/>
Job Title/Occupation	<input type="text"/>

### \* 4. Race/Ethnicity Disclosure

- African-American
- Asian-American
- Caucasian
- Hispanic/Latino
- Multi-Ethnic
- I prefer not to identify

Other (please specify)

## \* 5. Adult t-shirt size

Adult Small

Large

Medium

XL

XXL

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## 2. Short Answer Questions

**\* 1. Do you have a preferred site for coaching?**

**\* 2. Are you currently CPR certified? If so, please send a scan of your card to Elizabeth@gotrdc.org.**

**\* 3. Do you need a Metro-accessible site?**

**\* 4. How did you hear about GOTR-DC?**

- Brochure/flyer from school
- From a friend
- From a past participant
- 5K brochure
- News or magazine article
- www.gotrdc.org
- GOTR-DC's Facebook fan site
- Other (please specify)

Other (please specify)

**\* 5. Did you know GOTR-DC is a nonprofit 501(c)3 organization?**

- Yes
- No

Other (please specify)

**\* 6. Please state what experiences, activities, or interests you have that have prepared you for a position working with children.**

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**\* 7. Why do you want to volunteer with Girls on the Run and/or what attracted you to our program?**

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**\* 8. Please list two individuals who can serve as references for you and your character.**

Reference #1 Name	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>
Relationship to you	<input type="text"/>
Reference #2 Name	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>
Relationship to you	<input type="text"/>

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## 3. Coach Commitment

**\* 1. By typing your initials below, you are signaling your commitment to each of the following commitment statements. If you cannot commit to each, please consider other volunteer opportunities with GOTR-DC**

**I will:**

- **Submit the background check items (included in this survey)**
- **Become CPR and First Aid certified**
- **Attend Coaches' Training**
- **Attend pre-season Coaches' Meeting, plus two other meetings (t-shirt pick-up and race packet/bag drop) throughout the season**
- **Prepare for and lead practices 2 days per week (at the end of the school day, generally in the 3:00-6:00 p.m. range)**
- **Serve as a role model for young girls and understand and believe in the mission of Girls on the Run**
- **Plan and coordinate the end of season party for my team**
- **Plan and coordinate the community project for my team**
- **Run with my team in the end of season 5k race/walk**

**\* 2. By typing your initials below, you are signaling your commitment to the Girls on the Run International Policy indicated below.**

**As a Girls on the Run International policy, coaches must be drug-free and tobacco-free and must not consume excessive amounts of alcohol. Girls on the Run-DC reserves the right to dismiss volunteers for violation of this policy. By signing below, you solemnly swear that you are abiding by all of the above policies and the terms set forth in the coach job description, and understand that acceptance is dependent on the outcome of a confidential background check.**

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## 4. Background Check Information

CAROLINA CONNECTIONS, INC  
P.O. BOX 1604  
MOUNT AIRY, N.C. 27030  
PHONE: 336-786-7030  
FAX: 336-786-7033

### GIRLS ON THE RUN RELEASE FORM

I hereby authorize Carolina Connections, Inc., Girls on the Run-DC, and its agents to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history and other reports as deemed necessary by Girls on the Run International. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; drug screening; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for Girls on the Run International. and its agents. I further understand as long as I remain a volunteer for Girls on the Run International, this agreement will be binding.

I hereby release Carolina Connections Inc., and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

### \* 1. Full Name

First   
Middle   
Last   
Maiden/Other and Dates Used

### \* 2. Demographic

Social Security Number   
Birth-date   
Driver's License State   
Driver's License Number

### \* 3. Current address

Address:   
Address 2:   
City/Town:   
State:   
ZIP:

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## \* 4. Consent

In lieu of signature, please  
type initials here

Date