

Miramar Youth Sports Onboarding Checklist

Volunteer Information

First & Last Name: _____ Command: _____

Cell Phone: _____ Unit: _____

Work Phone: _____ Rank: _____

Email Address: _____ SNCO: _____

Address: _____ City / State: _____ Zip Code: _____

Program Interest Checklist

Please check the program(s) you will be coaching this year:

- | | |
|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Tumbling / Gymnastics |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Track | <input type="checkbox"/> Pickleball |
| <input type="checkbox"/> Sideline Cheer | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other* | |

*If marked other, please provide the program you are interested in the field below:

Comments:

Preferred Age Group(s)

Please check all that apply:

- ☐ 3-4 Year Olds
☐ 5-6 Year Olds
☐ 7-8 Year Olds
☐ 9-10 Year Olds
☐ 11-13 Year Olds
☐ 14-16 Year Olds

Previous Coaching Experience:

Typical Work Schedule

Please check all that apply:

	Day	Start Time	End Time
<input type="checkbox"/>	MON		
<input type="checkbox"/>	TUE		
<input type="checkbox"/>	WED		
<input type="checkbox"/>	THUR		
<input type="checkbox"/>	FRI		
<input type="checkbox"/>	SAT		
<input type="checkbox"/>	SUN		

NAYS COACHES EXAM AGREEMENT

I _____, agree by signing this document, that I will complete and return a print out copy of the results from the NAYS Coaches Exam within one week from this date to the Miramar Youth Sports Staff.

By doing so, I commit myself to take the proper steps in the training to ensure that I will complete and pass the NAYS Coaches Exam.

If I fail to meet this deadline I understand I will be removed from my coaching position, and I must reimburse the Miramar Youth Sports Program \$25.00 in which it cost for the program to pay for my exam fee.

If at anytime I decide afer today that I will no longer participate as a volunteer coach, I acknowledge that I must reimburse the Miramar Youth Sports Program \$25.00 in which it cost the program to regisgter myself as a Coach through the National Alliance for Youth Sports (NAYS).

Print Full Name

Start Date: _____

Signature

MCAS Miramar Youth Sports
Gratuitous Service Agreement

I understand that my service as a Miramar Youth Sports Volunteer for Marine & Family Programs, MCAS Miramar will commence on _____. I understand that my service as a Miramar Youth Sports Volunteer will be performed on a gratuitous bases without compensation. Any reimbursement for incidental expenses will be subject to the availability of funds and at the Marine & Family Director's discretion.

I understand that as a Miramar Youth Sports Volunteer I will not be considered a Federal employee for any purpose other than the Tort Claims provisions of Chapter 171 of Title 28, U.S. Code, and for the purpose of relating to the compensation for work-related injuries provided under Chapter 81 of Title 5, U.S. Code. I also understand that service as a Miramar Youth Sports Volunteer does not entitle me to further employment with a Federal organization or agency.

I understand that as a Miramar Youth Sports Volunteer, the personal information provided to me on the members of MCAS Miramar and their families is, and will be, protected by the provisions of the Privacy Act of 1974. I understand that the personal information I have been provided will be used only with those individuals as defined in the Marine Corps Family Team Building Order, or as designated by the Marine & Family Programs or Manager as having the "need to know".

Signature of Miramar Youth Sports Volunteer

Start Date: _____

Print Name