

**ELLINGTON PARKS & RECREATION DEPARTMENT**

31 ARBOR WAY | ELLINGTON, CT | 06029

Phone: (860) 870-3118

Fax: (860) 926-0980

Email: recreationstaff@ellington-ct.gov



**VOLUNTEER COACH REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years of age or older? Yes / No

Position you are applying for: (please circle what is applicable below)

Level: Instructional / Recreational / Travel

Sport: Soccer / Basketball / T-Ball / Lacrosse

Gender: Girls / Boys

Age Group: \_\_\_\_\_

If applicable, what is the name of your child(ren): \_\_\_\_\_

Please list any relevant certifications you possess:

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Please list any previous coaching experience:

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Please list your personal playing experience:

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