



# Coach Application

(Coaches must be 14 and older. Middle School Student Mentors please fill out our Junior Coach Application)

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

Cell Phone: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

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

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a student?  Institution: \_\_\_\_\_ Area of study: \_\_\_\_\_

Office Use Only	
Site/ Team	
Day/Time	
CPR	
BC	

Please indicate the counties in which you would prefer/be willing to coach. Please list in order of preference (We serve Jackson, Lenawee, Livingston, Monroe, Washtenaw). If you would like a specific site, please note that too: \_\_\_\_\_

T-Shirt Size (please circle one): S M L XL XXL

Most, if not all, of our sites meet directly after school. Please put an X in the squares at which times you are NOT available between 3:00pm and 6:00pm Monday through Friday.

	3:00pm - 3:30pm	3:30pm - 4:00pm	4:00pm - 4:30pm	4:30pm - 5:00pm	5:00pm - 5:30pm	5:30pm - 6:00pm
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						

Please share with us what experiences, activities, or interests you have which have prepared you for a position working with children.

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What do you see as the challenges, interests and needs of adolescent girls?

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Our volunteers come from a wide array of backgrounds and may have a different working style than yours. How would you handle any tension that arises or a disagreement with a co-coach?

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\*New coaches are required to attend one mandatory full day training session. Current CPR and First Aid certification is required of coaches prior to the start of the program. If you are not currently certified you must achieve certification before the beginning of the season or attend our CPR and First Aid training.

Are you CPR certified? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you First Aid certified? \_\_\_\_\_ Expiration: \_\_\_\_\_

**\*If yes please attach a copy of your current certification.**

We offer our full time coaches (coaching two days per week) who have attended or will be attending our mandatory training, the opportunity for a waived fee for their daughter(s) to join the GOTR program. If you have a daughter(s) who will be participating this season and you qualify for the waived fee, please contact our Outreach and Development Coordinator, Shana at [Shana@girlsontherunsemi.org](mailto:Shana@girlsontherunsemi.org) or (734) 712-5640 as soon as possible to register her (many of our sites fill quickly and have waiting lists). If you do not attend training or are unable to coach both days we will request a payment for her registration fee.

\_\_\_ I wish to receive the waived fee

\_\_\_ I wish to contribute the GOTR fee of \$125 as a donation to Girls on the Run

## **Girls on the Run International Non-Compete Form**

I, \_\_\_\_\_ (print), as a volunteer for Girls on the Run of Southeastern Michigan, agree to the following:

1. I will not deliver the Girls on the Run  International Program or any similar program unless I am working as an employee or volunteer of **Girls on the Run  of Southeastern Michigan**.
2. I may not create or help develop a program that has similar goals and structure to that of **Girls on the Run  International Program** within a two-year period of my involvement with **Girls on the Run**.
3. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received. This does not include materials that must be copied for the delivery of specific activities for the lesson plans during my employment with a **Girls on the Run  International Program**
4. I understand the curriculum/book/coaches box given to me for the purpose of coaching a **Girls on the Run  International Program** does not belong to me. It is property of **Girls on the Run of Southeastern Michigan**. When the season ends, I will return any curricula and coaches box to Girls on the Run of Southeastern Michigan within two weeks.
5. I understand I will be expected to reimburse Girls on the Run of Southeast Michigan \$50.00 for each unreturned coach's box and \$25.00 for each unreturned or damaged curriculum after completion of the season.

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**Volunteer's Signature**

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**Date**

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**Program Coordinator's Signature**

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**Date**

# Informed Consent Form

I \_\_\_\_\_, a volunteer for Girls on the Run of Southeast Michigan, agree that I am in good health and I understand that during the program, I will be involved in outdoor physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Southeastern Michigan and Girls on the Run International, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me related directly or indirectly to the program (including without limitation the 5k race), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

In addition, I hereby authorize Girls on the Run of Southeastern Michigan, if after a reasonable attempt has been made to reach emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or surgeon who may treat the me, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to me by any health care professional who may treat the me. I agree to pay for any such treatment and to reimburse Girls on the Run of Southeastern Michigan for all costs and expenses it may incur related to such treatment.

I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of me or in which I may be included with others, to copyright the same, in the name of Girls on the Run or otherwise; to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge Girls on the Run from any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any and all claims for libel or invasion of privacy.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older (If not, my parent or legal guardian has signed); I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and participant may have or possess against Girls on the Run. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to my participation in the Girls on the Run program. This permission and release is binding on me and my executor, administrators and heirs.

Volunteer's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Parent or Guardian (if under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your application and forms to:**

Girls on the Run of Southeastern Michigan

Attention: Program Coordinator

P.O. Box 995

Ann Arbor, MI 48106

**Fax them to:** (734) 712 – 5499

**Or scan and email them to:** [Lisa@girlsontherunsemi.org](mailto:Lisa@girlsontherunsemi.org)