



**Tahoe City Public Utility District**  
**P. O. Box 5249**  
**Tahoe City, California 96145**  
**Ph. (530) 583-3440**  
**Fax (530) 583-8452**

## VOLUNTEER APPLICATION

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### INSTRUCTIONS

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- All Supplemental Documents must be completed.
- Deliver application to TCPUD at 740 Timberland Lane, Tahoe City, CA; mail to P.O. Box 5249, Tahoe City, CA 96145; fax to 530-583-8452; or email to jray@tcpud.org.

Volunteer Name \_\_\_\_\_  
*First Name, Middle Name, Last Name*

Mailing Address \_\_\_\_\_  
*PO Box/Street Address, City, State, Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License # and State of Issuance \_\_\_\_\_ Social Security # \_\_\_\_\_

Please indicate preferred Sport:

Basketball       Baseball       Softball       Other \_\_\_\_\_

Please indicate:

Head Coach       Assistant Coach       Age Level/Division Requested \_\_\_\_\_

What is your probability of attending?

Practices	<input type="radio"/> All	<input type="radio"/> Most	<input type="radio"/> Some (half)	<input type="radio"/> Few (1/3)
Games	<input type="radio"/> All	<input type="radio"/> Most	<input type="radio"/> Some (half)	<input type="radio"/> Few (1/3)
Tournaments	<input type="radio"/> All	<input type="radio"/> Most	<input type="radio"/> Some (half)	<input type="radio"/> Few (1/3)

Do you have a Coaching Certification?       Yes       No

Have you coached previously?       Yes       No

If so; please indicate when, where and at what level in space below.

Have you played the sport you are requesting?       Yes       No

If so; please indicate when, where and at what level in space below.

What is your coaching philosophy?

Winning

Having Fun

Discipline

Teaching Teamwork

Please expand in space below.

Are you willing to take direction from the Recreation Supervisor?

Yes

No

Have you had First Aid Training?

Yes

No

Are you willing to enforce and promote the District's Code of Ethics for Coaches, Players and Parents?

Yes

No

Do you have any relatives employed by the TCPUD?

Yes

No

If yes, state name(s) of relative(s) in space below.

Have you ever filed an application with the TCPUD before?

Yes

No

If yes, provide date(s) in space below.

Have you previously been employed by or volunteered with the TCPUD?

Yes

No

If yes, state date(s) of employment/volunteerism and position(s) held in space below.

Explanatory Information for Above:

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I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application. I further understand that I will be required to be fingerprinted at no cost to me prior to appointment to this volunteer position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Application is not valid unless signed.*