

Welcome to USAG Humphreys



Thank you for your interest in coaching with Youth Sports.

Volunteer Name: _____

Emergency Contact: Name _____

Cell # _____

Relationship _____

Preferable Practice days : MW or TTh

If you have coached before what is the approximate month & year of your last background check

Month _____ Installation: _____

First Aid+CPR & AED Certified: Yes or No

T-shirt size (American) S M L XL XXL XXXL Other: _____

Paperwork Checklist: (Fill out all the highlighted areas to complete your coach's application)

- ☐ Coach Application
- ☐ DD Form 2793 (All highlighted areas)
- ☐ IMCOM Release/Consent Statement
- ☐ DA Form 5018 (Complete section A, Sign and Date Section B)
- ☐ DD Form 2981

**Once you have completed the checklist, return this application to the Child
Youth Services, BLDG 6400, 2nd Floor, L217A**

Mon, Wed, Fri 0800-1700, Tues 0800-1900, Thurs 1200-1700

Youth Sports Office: 757-2244/2247 or 0503-357-2244/2247