



Lowell Parks and Recreation

Volunteer Coach Application

1. Full Name: _____
2. Current Address, City, State, Zip: _____
3. Cell Phone: _____
4. Alternate Phone: _____
5. Email Address: _____
6. Shirt Size: Small Medium Large XL XXL XXXL
7. Sport you are coaching:
 - a. Have you ever played this sport? Yes No # of years: - _____
 - b. Have you ever coached this sport before? Yes No # of years: _____
8. Have you ever been convicted for a criminal offense? Yes No
 - a. If yes, please explain and indicate year of conviction: _____
9. Do you have pending charges for a criminal offense? Yes No
 - a. If yes, please explain: _____
10. Have you ever been convicted for a felony? Yes No

All coaches must turn in a criminal background check form with application

I, the undersigned, certify that the information herein is correct. I understand that one purpose of this application is to assist Lowell in providing the best possible programs and leagues for the youth of Gaston and surrounding areas and consequently I authorize Lowell or its officers to request any background information necessary to process my application.

Signature of applicant for volunteer position: _____

Date signed: _____

Authorization

Must be signed if applicant is under 18

The undersigned certifies that I am the custodial parent or guardian of the above named who is at least 15 years old. By my signature, I certify that the applicant's information above is correct and that I give permission for the applicant to participate in this volunteer program.

Signature of Parent or Guardian: _____

Date Signed: _____



Lowell Parks and Recreation

Youth Sports Coach Volunteer Position Description

Title: Volunteer Coach for the Lowell Parks and Recreation Department

Description: Coach male and/or female athletes 18 years of age and younger. You will be considered a role model for young athletes assigned to your team; therefore, sportsmanship, fair play, and full participation are all mandatory.

Responsibilities: Plan and supervise games, practices, and events.

Supervise assistant coaches and team parents.

Teach young athletes the fundamentals of the sport.

Encourage the involvement of the other parents in the sport.

Schedule and conduct parents and other necessary team meetings.

Learn and follow ALL league rules, policies, and procedures.

Give each player the required playing time.

Put the well-being of the players ahead of your desire to win.

Attend all league meetings, classes, tryouts, and functions.

Qualifications: Successfully complete the application process and pass a background check.

Attend any scheduled coaches meetings.

Be enthusiastic.

Not want to win at all costs.

Must be patient, especially with children.

Be organized as organization is critical to your success.

Be dependable, respectful, and have the ability to handle confrontations.

I have read and understand the above Volunteer Position Description of a Youth Sports Coach. I understand and acknowledge that this volunteer position does not entail an employment relationship with the City of Lowell and accordingly does not afford me coverage under the City's workers compensation policy. I hereby voluntarily release and waive any claims to such coverage.

Applicant Signature: _____ Printed Name: _____

Date: _____

Note: Failure to sign this page will render the volunteer's application incomplete.

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for volunteering with Lowell Parks and Recreation, (herein "Client") I understand that prior to or at any time after my volunteer position commences a consumer report may be requested for volunteer purposes from Protect Youth Sports, Inc., (herein: "Protect Youth Sports") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, and criminal history to the extent permitted by law from various local, state, and federal agencies.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, AND FEDERAL AGENCY TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, AND MOTOR VEHICLE HISTORY/DRIVING HISTORY, AS REQUESTED BY PROTECT YOUTH SPORTS DEEMED PERTINENT TO MY VOLUNTEER POSITION.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my volunteer application is denied because of information obtained Lowell Parks and Recreation from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect Youth Sports' trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect Youth Sports will provide a written explanation of any coded information contained in my file. I understand that Protect Youth Sports is a Consumer Reporting Agency and it is Protect Youth Sports' policy to not be involved in or make hiring decisions or recommendation. Protect Youth Sports' privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Protect Youth Sports does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

The following must be filled out completely and signed for your application to be considered (Please Print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____
HOME ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____
SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID _____ STATE ISSUED _____
EMAIL ADDRESS _____

For ID purposes please provide FULL DOB: _____ Please List Other Names Used _____

For residents of Minnesota and Oklahoma only: I wish to receive a copy of any Background Check Report on me that is requested. ____ (check here)

For residents of New York only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. ____ (check here)

For residents of California only: I acknowledge receipt of a copy of California Summary of Rights under CA law 1786.22. I wish to receive a copy of any Background Check Report on me that is requested. ____ (check here)

X _____ TODAY'S DATE: _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

Consumer Reporting Agency contact information Protect Youth Sports 14499. Dale Mabry Hwy, Ste 201 South Tampa, FL 33618 Phone: 877-319-5587 Fax: 800-319-5582 www.protectyouthsports.com