



CRAMERTON, NC
Parks and Recreation

VOLUNTEER COACH APPLICATION FORM

1. Full Name: _____
2. Present Address: _____
City, State, Zip: _____
3. Phone: (Cell) _____ Alternate Phone: _____
4. Email address: _____
5. Driver's License : State ___ Number: _____ Exp. Date ___/___/_____
6. Birth date: ___/___/_____ If under 18 see authorization below.
7. Shirt Size: Small Medium Large X-Large XX-Large XXX-Large
8. Sport you are coaching: _____
 - A. Have you ever played this sport? Yes ___ No ___ # of years _____
 - B. Have you coached this sport before? Yes ___ No ___ # of years _____
9. Have you ever been convicted of a criminal offense? Yes ___ No ___ If yes, please explain and indicate year of conviction: _____

10. Have you ever been convicted of a felony? Yes ___ No ___

All coaches must turn in a Criminal Background Check Form with Application

I, the undersigned, certify that the information contained herein is correct. I understand that one purpose of this application is to assist the Cramerton in providing the best possible programs and leagues for the youth of Gaston and surrounding areas and consequently I authorize the Cramerton 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 age 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 give my permission for the application to participate in this volunteer program.

Signature of Parent or Guardian

Date signed



YOUTH SPORTS COACH VOLUNTEER POSITION DESCRIPTION

- Title:** Volunteer Coach for the Cramerton Parks and Recreation Department
- Description:** Coach male and/or female athletes 18 years of age and under. 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 the young athlete the fundamentals of the sport
 - Encourage the involvement of the parents in the sport
 - Schedule and conduct parent and other necessary team meetings
 - Provide a safe and fun environment for the children
 - Learn and follow ALL league rules, policies and procedures
 - Give each player the required playing time
 - Put the well-being of 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 Town of Cramerton and accordingly does not afford me coverage under the Town's workers compensation policy. I hereby voluntarily release and waive any claim to such coverage.

Applicant Signature

Name (Printed clearly)

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 employment with **Cramerton Parks and Recreation**, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/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, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT YOUTH SPORTS DEEMED PERTINENT TO MY EMPLOYMENT.

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 employment is denied because of information obtained by my prospective employer 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 _____ E.MAIL 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.

For residents of New York only:

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

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.

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