



## Sumter County Parks & Recreation Department Volunteer Coaches Application

Name: \_\_\_\_\_

Are you currently a certified coach? \_\_\_\_\_

Home Address (street, city, zip code): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sport you are applying to coach: \_\_\_\_\_

Circle One

|  |     |    |
|--|-----|----|
| 1. Will you have a child participating in the program?         | Yes | No |
| 2. Have you ever played this sport?                            | Yes | No |
| <i>If so, list the highest level at which you played</i> _____ |     |    |
| 3. Have you ever coached this sport before?                    | Yes | No |
| 4. Will you be able to attend all or most practices and games? | Yes | No |

List three references that we may contact who could give us information regarding your character, playing experience and coaching experience (name, contact number, relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I, undersigned, understand that as a volunteer coach with the SCPRD, I will be expected to abide by all policies, procedures and rules set forth by the SCPRD and approved by the Sumter County Board of Commissioners. I also understand that failure to do so, including abiding by the coaches' code of conduct and ethics agreement, may result in my termination as a volunteer coach. I understand that the information given on this application is subject to review by the SCPRD, its full-time staff, agents and representatives. By my signature affixed to this document, I am stating that all of the information given is true and accurate to the best of my knowledge and ability. I understand that I must have personal insurance to cover any injury that may result from my participation in the activity in which I am applying to be a volunteer coach.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Volunteer Coaches Code of Ethics & Conduct Agreement

During my tenure as a volunteer coach for the Sumter County Parks & Recreation Department I pledge to:

1. Place the emotional & physical well-being of all children ahead of my personal desire to win.
2. Treat each child as an individual remembering there is a large range of emotional & physical development within the same age division.
3. Do my best to provide a safe playing situation for all children.
4. Review & practice basic first aid principles needed to treat my players.
5. Do my best to organize fun & safe practices that include all of my players, regardless of their abilities.
6. Lead by example in the promotion of good sportsmanship & respect for authority.
7. Not to engage in unethical behavior or to intentionally violate SCPRD policies & rules.
8. Provide an environment for my team that is free from drugs, alcohol & tobacco.
9. Refrain from using profanity or abusive language.
10. Do my best to acquire the basic knowledge of the sport that I am coaching & attempt to teach the skills to all of the players.
11. Remember that this is a game & that it is for children; not adults. I will not allow my emotions to get out of control & cause me to display poor sportsmanship or disrespect of an official or administrator. *Adopted from the National Alliance of Youth Sports.*

If I cannot participate according to this Code of Ethics & Conduct Agreement, depending on the seriousness of the offense(s), I understand that any or all the following actions may occur:

- Verbal Warning with written documentation
- Immediate removal from the activity and/or facility
- Temporary suspension from participation including attendance at the activity/facility
- Suspension from the activity for a period of one calendar year or more
- Indefinite expulsion from any & all SCPRD event & facilities

My signature below, which I voluntarily affix to this application process, is acknowledgement that I have read and understand and will, to the best of my ability, promise to fulfill.

Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Sport: \_\_\_\_\_

Date: \_\_\_\_\_

Sport Coordinator: \_\_\_\_\_

## Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize **Sumter County Parks & Recreation Department** to conduct an inquiry for  
Agency/Company

the purpose below and receive any Georgia and/or national (CHRI) as authorized by state and federal law.

|                   |      |               |                        |
|-------------------|------|---------------|------------------------|
| Full Name (print) |      |               |                        |
| Address           |      |               |                        |
| Sex               | Race | Date of Birth | Social Security Number |
|                   |      |               |                        |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attorney for Individual (Purpose Code E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

|                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> <b>E</b> | Employment  |
| <input type="checkbox"/> <b>M</b> | Employment direct care with Mentally Ill/Developmentally Disabled |
| <input type="checkbox"/> <b>N</b> | Employment direct care with Elderly                               |
| <input type="checkbox"/> <b>W</b> | Employment direct care with Children                              |
| <input type="checkbox"/> <b>P</b> | Public Record (no consent required)                               |
| <input type="checkbox"/> <b>F</b> | Probate Court/Weapons Carry License                               |

### PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)

|                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> <b>U</b>  | Personal Copy (stamp return "personal copy")                       |
| <b>CRIMINAL JUSTICE EMPLOYMENT</b> |  |
| <input type="checkbox"/> <b>J</b>  | Civilian Criminal Justice Employment (state and III data received) |
| <input type="checkbox"/> <b>Z</b>  | Sworn Criminal Justice Employment (state and III data received)    |

**This inquiry resulted in the following (check all that apply):**

|  |
|--|
| No criminal history available                          |
| Criminal history available (attached/released)         |
| No NCIC/GCIC Warrant                                   |
| Possible NCIC/GCIC Warrant (list Wanting agency below) |
| Wanting Agency Name:                                   |
| Wanting Agency Telephone:                              |

\_\_\_\_\_  
Agency Designee Signature and Title