



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, it's 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"/>	E	Employment
<input type="checkbox"/>	M	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N	Employment direct care with Elderly
<input type="checkbox"/>	W	Employment direct care with Children
<input type="checkbox"/>	P	Public Record (no consent required)
<input type="checkbox"/>	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
<input type="checkbox"/>	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
<input type="checkbox"/>	J	Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z	Sworn Criminal Justice Employment (state and III data received)

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

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

Agency Designee Signature and Title