



Volunteer Coach Preference Form Summer 2017

Thank you for volunteering to coach in our youth athletic programs. Newtown Recreation is committed to providing our participants with coaches that best understand the sport they are coaching, as well as their role in working with children in a youth sports setting. Head coaches will be selected based upon seniority, coaching experience, player requests, and other criteria. Completing this form does NOT guarantee that you will be a head coach! If selected to be a head coach, the Recreation Office will notify you of meetings that you will need to attend.

PLEASE FILL OUT THE COACHES FORM, BACKGROUND FORMS, AND SEND A COPY OF DRIVERS LICENSE

NAME: _____
 ADDRESS: _____
 PHONE 1: _____
 PHONE 2: _____
 EMAIL: _____

Please indicate any weekends that you are currently aware of that you will be unable to fulfill the obligations of a Head Coach (e.g. holidays, planned business travel etc.)

PLEASE CIRCLE THE SPORT(S) AND AGE GROUP(S) THAT YOU WOULD LIKE TO COACH:

YOUTH BASEBALL

- 4 Year T-ball**
- 5/6 Year Coach Pitch**
- 7/8 Year Coach Pitch**
- 9-11 Year Player Pitch**

TEAM NAME REQUEST (not guaranteed):

PRACTICE INFORMATION:

All teams will practice once a week for one hour. Practices are held on Mon-Fri at 4:30, 5:30, OR 6:30pm. Baseball practices are held at: Newtown Park. Please list two preferences for practice day, time, and location. **Note:** Your second choice practice day **MUST** differ from your first choice.

1st Choice:

DAY	TIME	LOCATION

2nd Choice:

DAY	TIME	LOCATION

PLEASE SIGN AND DATE:

If selected as Head Coach, I will:

- 1.) Be certified the National Youth Sports Coaches Association (NYSCA)
- 2.) Authorize Newtown Rec. and the City of Johns Creek to conduct a criminal background check on me.

SIGNATURE

DATE



Johns Creek

Recreation and Parks Department Volunteer Application, Release, and Consent

I hereby apply to be a volunteer for the Johns Creek Recreation & Parks Department. I understand that if selected to be a volunteer I may not receive any financial compensation for my time and that I am responsible for my expenses. I further understand that my services as a volunteer will not be for any specific length of time or duration.

I understand that in order to be considered for a volunteer opportunity I must first successfully pass a background screening process. I hereby authorize the City to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency. I understand that other criteria will be evaluated by the City to determine my ability to carry out the duties and responsibilities related to my application to be a volunteer. I understand that if selected to be a volunteer it is a privilege, not a right, and that as a volunteer for the City of Johns Creek, I would be an ambassador for the City and therefore would represent myself professionally and with integrity at all times. I would adhere to the terms and conditions as set forth for the volunteer opportunity for which I am applying.

I acknowledge the risk of injury while performing volunteer services for the City of Johns Creek, and I knowingly assume those risks; I accept the responsibility for my participation, including transportation to and from all activities associated with my volunteer services, and I represent that I am in sufficient good health and physical condition to undertake my volunteer services.

I release, discharge, indemnify and hold harmless to the fullest extent permitted by law, the City of Johns Creek, the City of Johns Creek Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions, or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my participation as a volunteer for the City of Johns Creek.

I consent that my name, photograph, image, and/or likeness may be used, in perpetuity, by the City of Johns Creek for promotional and information purposes in print, on the City website, and in other media.

_____ PRINT FULL NAME	_____ SIGNATURE	_____ DATE
_____ ADDRESS	_____ CITY STATE ZIP	
PHONE: (H) _____ (W) _____ EMAIL: _____		
APPLYING TO VOLUNTEER FOR (SPORT/ACTIVITY) _____		
How long have you lived in the state of Georgia? _____		
If less than 5 years, please list your most recent out-of-state resident address: _____		
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been convicted of a crime involving bounced checks or stolen money?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been convicted for use or sale of illegal drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you ever been convicted of child neglect or abuse?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Do you currently hold a valid Georgia Driver's License?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Do you have any pending offenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

**Georgia Crime Information Center
Consent Form**

PRINT LAST NAME _____

I hereby authorize CITY OF JOHNS CREEK to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

I give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company. I also authorize the release of the criminal history information to Kirk Franz of the Johns Creek Park and Recreation Department.

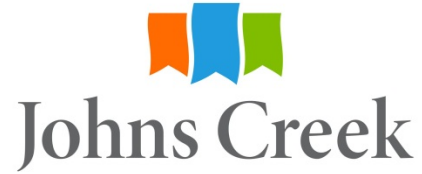
Signature

Date

NO RECORD ON FILE

SID _____

OPERATOR: _____ DATE: _____



**COACH/OFFICIAL ACKNOWLEDGEMENT OF
CONCUSSION MANAGEMENT AND RETURN TO PLAY POLICY
AND CONCUSSION FACT SHEET**

I acknowledge that I have received (1) the Johns Creek Parks and Recreation Department's Concussion Management and Return to Play Policy and (2) a concussion Fact Sheet for Coaches, and understand that I should consult the Johns Creek Parks and Recreation Department if I have questions. I understand and agree that I will read and comply with the policies contained in these documents.

****The above mentioned documents are included in your coach notebook and can also be found at www.newtownrec.com under the Coaches Corner tab.****

Signature of Coach or Official

Date

Printed Name of Coach or Official