Volunteer Coach Preference Form Spring 2020

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	YOUTH SOCCER		YOUTH LACROSSE
4/5 YR T-Ball	3 Yr Coed	4 Yr Coed	K-1st Grade Boys
6U Coach Pitch	U6 Boys	U6 Girls	2nd-3rd Grade Boys
7/8 YR Coach Pitch	U8 Boys	U8 Girls	2nd-3rd Grade Girls
9/10 YR Player Pitch	U10 Boys	U10 Girls	4th-5th Grade Boys
11/12 YR Player Pitch	U12 Boys	U12 Girls	4th-5th Grade Girls
	U14 Boys	U14 Girls	

PRACTICE INFORMATION:

All teams will practice once a week for one hour. Practices are held on Mon-Fri at 4:00, 5:00, *OR* 6:00pm. Baseball practices are held at: Newtown Park. Soccer & Lacrosse practices are held at: Newtown Park, Barnwell ES, Lake Windward ES, Dolvin ES, Hillside ES, River Eves ES, Creek View ES, and Holcomb Bridge MS. Please list two preferences for practice day, time, and location. **Note**: Your second choice practice day **MUST** differ from your first choice.

TEAM NAME REQUEST:

_____

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?	☐ NO	☐ YES
Have you ever been convicted of a crime involving bounced checks or stolen money?	☐ NO	☐ YES
Have you ever been convicted for use or sale of illegal drugs?	☐ NO	☐ YES
Has your driver's license ever been suspended or revoked?	☐ NO	☐ YES
Have you ever been convicted of child neglect or abuse?	☐ NO	☐ YES
Do you currently hold a valid Georgia Driver's License?	☐ NO	☐ YES
Do you have any pending offenses?	☐ NO	☐ YES

Georgia Crime Information Center **PRINT LAST NAME_____**
Consent Form

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