

HEAD COACH

Only Head Coach may approach/confer with the Officials

VOLUNTEER APPLICATION ACCEPTANCE POLICY

Applicant retains copy of this policy

It is the policy of the Peach County Board of Commissioners that all coaches, assistant coaches, and all other volunteers that the Peach County Recreation Department recognized as part of an event or program, will fill out a Recreation Department "Consent to Conduct Background Check" form. A background check will be conducted on all volunteers. Reasons for denial are:

1. Falsifying consent form.
2. Arrest or conviction for crime involving moral turpitude.
3. Recent arrest or conviction for any crime that would be detrimental to the well being of minor or adult participating in a Peach County Recreation Department event.
4. Although volunteer coaches for the Peach County Recreation Department will not be required to have a drug screening prior to providing service to the department, they will, however, be required to sign for receiving a copy of the Peach County Substance Abuse Policy and will abide by the regulations contained therein. Volunteer coaches are not safety sensitive workers and will, therefore, not be subject to random testing.



PEACH COUNTY
PARKS & RECREATION DEPARTMENT
HEAD COACH APPLICATION

SPORT: _____ DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____ Email _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

PHONE: (Home) _____ (Work) _____ (Cell): _____

CHILD'S NAME: _____ CHILD'S AGE: _____

IF WANTING TO COACH HIS/HER TEAM

Are you a returning HEAD Coach? Yes or No
If yes, do you wish to return to the same age group? Yes or No
If yes, what division (age group)? _____

Are you a returning ASSISTANT Coach? Yes or No
If yes, what division (age group) did you assist? _____

Are you a NEW COACH? Yes or No
What division (age group) are you requesting? 1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Do you have any prior experience in coaching this sport? Yes or No
If yes, list experience: _____

Have you coached any other sport(s) with the Peach County Recreation Department? Yes or No
If yes, list the sport(s): _____

Place of Employment: _____

Supervisor: _____ Phone: _____

VOLUNTEERS WHO WORK WITH CHILDREN ARE REQUIRED BY LAW TO REPORT SUSPECTED CHILD ABUSE.
I understand that this is an APPLICATION ONLY and does not automatically entitle me to coach. I also understand a BACKGROUND CHECK may be conducted. If chosen to coach, I understand that under certain conditions, I can be relieved of my coaching duties at any time.

ONLY HEAD COACHES MAY APPROACH/CONFER WITH OFFICIALS.
ASSISTANT COACHES WILL BE SELECTED AFTER TEAMS ARE FORMED.

<p>OFFICIAL USE ONLY</p> <p>Team Assigned: _____</p> <p>Date: _____</p> <p>Approved by: _____</p>

Signature Date

CONSENT TO CONDUCT BACKGROUND CHECK

FULL LEGAL

NAME: _____
 (First) **(Middle)** **(Last)**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

DRIVER'S LICENSE #: _____ **STATE:** _____ **EXPIRATION:** ____/____/____

MALE or **FEMALE** **(Check One) U.S. CITIZEN:** YES__ NO__ **RACE:** _____

I _____, by execution of this document, give the Peach County Parks & Recreation Department permission to conduct a background check regarding my qualifications to participate in the Peach County Parks & Recreation Department programs. This background check includes, but is not limited to, a records check to determine whether I have ever been convicted of a crime or have a criminal record.

I certify the NO I have not been or YES I have been convicted of or I have been arrested for, or am currently charged with any of the following crimes:

- | | |
|-----------|---|
| Yes or No | 1. Simple Battery, where the victim is a minor or adult. |
| Yes or No | 2. Aggravated Battery, where the victim is a minor or adult. |
| Yes or No | 3. Cruelty to children. |
| Yes or No | 4. Contributing to the delinquency of a minor. |
| Yes or No | 5. Any sexual offense. |
| Yes or No | 6. Violation of any Controlled Substance Act. |
| Yes or No | 7. Alcohol related violations. |
| Yes or No | 8. Murder or Felony Murder. |
| Yes or No | 9. Criminal attempt to commit any above named offense. |
| Yes or No | 10. Any other crime that bears upon my fitness to have responsibility for safety and wellbeing of children. |

I acknowledge that the Peach County Parks & Recreation Department may choose to deny me a coaching position or may choose to deny me unsupervised access to a child or children pending the completion of the background check; and I further agree to hold the Peach County Parks & Recreation Department and/or the county of Peach harmless regarding any liability for defamation, invasion of privacy, or any other claim based upon good faith action taken pursuant to the provisions of this consent. To the extent allowed by law ALL BACKGROUND CHECKS ARE KEPT CONFIDENTIAL.

APPLICANT'S SIGNATURE: _____ **Date** _____

Witness: _____ **Date** _____

If you are an assistant coach, what is the name of the Head Coach? _____



FOR HEAD COACHES:

I understand that I will attend the following:

{Please initial each event below}

_____ **Tryouts (Mandatory)**

_____ **Drafts (Mandatory)**

_____ **Coaches Meeting (Mandatory)**

_____ **Saturday Coaches Clinic OR Online Coaches Certification**
(\$20 Fee NAYS) (Mandatory)

Sign

Date

Thank you for your commitment,

Damian Smith
Athletic Director
Peach County Recreation Department
478-825-3334
damian-smith@peachcounty.net