

CONTACT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: __/__/____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Phone Type (circle one): **Mobile** **Home** **Work****QUESTIONNAIRE**

Practices and games are held on weekdays after 5 p.m.

Coaching Position (circle one): **Head Coach** **Assistant Coach**If you selected **Assistant Coach**, what is the name of the Head Coach: _____Age Division (circle one): **4-5** **6-7** **8-9** **10-11** **12-13** **14-16**

Please list any previous coaching or playing experience you feel would help as a volunteer coach:

Briefly, explain why you would like to coach for us:

EVIDENCE OF CONCUSSION TRAINING

Colorado State Law requires that youth sport coaches successfully complete and submit proof that they have undergone concussion recognition training on an annual basis.

Please attach a copy of the required **Center for Disease Control (CDC) Online Concussion Training to this application, which can be obtained upon completion at <http://www.cdc.gov/headsup/youthsports/training/index.html>**I have attached a copy of my CDC Online Concussion Training Certificate to this application (circle one): **Yes** **No****COACHING AGREEMENT**

As a volunteer coach for the city of Thornton Girls Softball Program, I will at all times follow and promote the standards listed below:

Safety: The safety of the players will be given the highest priority. I will conduct each practice and game situation with safety as a prime concern. I will learn to recognize the signs of a concussion and not permit any player to continue to play or practice when a possible concussion has occurred.**Sportsmanship:** As a model for my team, I will exhibit good sportsmanship at all times. I will require all my players to exhibit good sportsmanship as well. This includes all interactions with players, coaches, fans (both on opposing and my own team), umpires and staff.**Fun:** Regardless of how many games we win or lose, I will strive to make the experience fun for the players. I realize that I do not control the talent level on other teams and many of the other factors that might determine the outcome of games, but I can make the program a positive experience for the players on my team.**Drug Free:** I will not permit the use of illegal drugs, alcohol, tobacco or performance enhancing substances at any time while coaching.**Concussion Training:** I will take the mandatory online concussion training course and test at the CDC website.

I understand that failure to comply with any of the standards listed above may result in my immediate removal from the program.

I have read and accept the Coaching Agreement as described above (circle one): **Yes** **No**

ACCOMMODATIONS

Do you require any reasonable accommodations to perform the functions or duties of a volunteer?

EMERGENCY CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Primary Phone Number: _____ Secondary Phone Number: _____

EMPLOYMENT AND VOLUNTEER HISTORY

What organizations are you currently working for or have worked for most recently?

Organization/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone Number: _____

Duties: _____

First Month: _____ Year: _____ First Month: _____ Year: _____ Average Hours per Week: _____

BACKGROUND CHECK CRITERIA

A driver's license or other valid photo ID is required in order to completely process your application and background check.

Number of Years lived in Colorado: _____ Please list all states you resided in the past 10 years: _____

Is this volunteer service court ordered? (circle one): Yes No

I have attached a copy of my driver's license or other valid photo ID to this application (circle one): Yes No

DISCLAIMER

Confidentiality Statement: As a volunteer for the City of Thornton I understand that some of my work may involve access to information and records that are considered confidential. I acknowledge my responsibility to respect the confidentiality of others, to follow procedures in order to protect privacy, and to act in a professional manner with the public. I further understand that if I violate confidentiality or am unprofessional, I will be dismissed immediately. I understand this action to be necessary in order to maintain high professional standards of the City of Thornton.

Background Check Authorization: The City of Thornton will conduct a background investigation on the applicants, including, but not limited to, the verification of criminal record history, driving record history, and the National Sex Offender Public Registry. By signature below, I hereby authorize the City to conduct such investigation without further notice. I also consent to the release of any confidential information held by prior employers or held by any other person or organization to enable the City to conduct the background investigation. It is my responsibility to notify the City of any changes in my criminal history.

Release of Liability: I acknowledge participation in the Volunteer Thornton program involves risk of physical injury or damage to personal property. I hereby expressly assume such risk of physical injury or damage to personal property, and release and waive any claims against Thornton, its agents and employees, such injury or damage, and further agree to hold the City of Thornton, its agents and employees, harmless for any injury to me while participating in the City's volunteer program. It is my understanding that while volunteering for the City of Thornton, volunteers are covered under the City's volunteer medical insurance policy as their secondary coverage. I acknowledge I have read and understood this agreement. I certify that all statements on this form are true and complete and understand that false statements or incomplete information shall be sufficient cause to not accept me as an applicant or dismiss me as a volunteer.

I have read and accept the Disclaimer as described above (circle one): Yes No

Signature: _____ Date: ____/____/____