

**Redmond Parks and Recreation Department  
2016/17 YOUTH BASKETBALL VOLUNTEER COACH APPLICATION**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

Please list any previous coaching or teaching experience with youth:

SPORT	ORGANIZATION	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of any criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle what grade level would you like to coach?

**Boys Grades:**    1<sup>st</sup>        2<sup>nd</sup>        3<sup>rd</sup>        4<sup>th</sup>        5<sup>th</sup>        6<sup>th</sup>        7<sup>th</sup>-8<sup>th</sup>    9<sup>th</sup>-10<sup>th</sup>

**Girls Grades:**    1<sup>st</sup>/2<sup>nd</sup>    3<sup>rd</sup>/4<sup>th</sup>    5<sup>th</sup>/6<sup>th</sup>    7<sup>th</sup>/8<sup>th</sup>    No Preference

Do you have a child in the league that you would like to coach? Yes \_\_\_\_\_ No \_\_\_\_\_

School your child attends or you would like to coach: \_\_\_\_\_

If yes, please print their name clearly \_\_\_\_\_

**COACHES CONDUCT AGREEMENT**

As a coach in the Redmond Parks and Recreation Department Youth Sports Program, I will:

- promote fun and recreation; competition is secondary
- promote an atmosphere of respect and fair play among the children, coaches and parents
- respect the individual rights of every child in the program
- maintain a positive, enthusiastic attitude at all times
- emphasize praise, praise lavishly and not criticize when in the presence of others
- understand that by being coach, I am a role model to many children

*I affirm that, to my knowledge, all statements in this application are true and correct. I have been advised that an investigative report may be prepared on all information contained herein, and I hereby consent thereto. I understand I have the right to request a report of the findings of the investigation. I agree to uphold the Redmond Parks and Recreation Department philosophy and Coaches Conduct Agreement.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## City of Redmond Authorization for Background Investigation

I, \_\_\_\_\_, hereby authorize the City of Redmond or an independent investigating agency to conduct a thorough investigation of my personal and professional background including credit, criminal, and driving records.

I hereby release any current or former employers or institutions, their agents, or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the City of Redmond only.

It is my intention that any copy of this authorization be as effective as is the original.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Other Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year M or F

Social Security Identification Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

# NOTIFICATION AND AUTHORIZATION FOR BACKGROUND INVESTIGATION DISCLOSURE STATEMENT

## I. APPLICABILITY

### This form applies to the following applicants:

**Prospective Employees:** Any prospective employee who will or may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of his or her employment or involvement with the City; and

**Prospective Volunteers:** Any prospective volunteer who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of his or her employment or involvement with the City under circumstances where such access will or may involve groups of (i) five or fewer children under twelve years of age, (ii) three or fewer children between twelve and sixteen years of age, (iii) developmentally disabled persons, or (iv) vulnerable adults.

## II. NOTIFICATION

Pursuant to RCW 43.43.834(1), the applicants described in Section I above who may be offered a position as an employee or volunteer are hereby notified that an inquiry may be made to the Washington State Patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency. This inquiry includes an applicant's record for criminal convictions as defined in chapter 10.97 RCW. Inquiry to the Washington State Patrol may also be made regarding convictions of crimes against children or other persons as defined in RCW 43.43.830(6), and as amended by chapter 9A.44 RCW [sex offenses]; department of health disciplinary authority final decisions of specific findings of physical or sexual abuse or exploitation of a child and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary authority final decision; for the businesses and professions defined in chapter 9A.44 RCW; and civil adjudications of child abuse, as amended by chapter 9A.44 RCW. For positive identification, applicants described above may also be required to provide fingerprint cards or a right thumb fingerprint, which will be used only for the purposes enumerated in WAC 446-20-285 and RCW 43.43.830-43.43.845.

After processing a properly completed request for criminal history information form, if the conviction record, disciplinary authority final decision, adjudication record, or equivalent response from a federal law enforcement agency shows no evidence of crimes against persons, an identification declaring the showing of no evidence shall be issued to the business or organization by the Washington state patrol identification and criminal history section within fourteen working days of receipt of the request. Possession of such identification shall satisfy future record check requirements for the applicant for a two-year period.

The City of Redmond shall notify the applicant of the state patrol's response within ten days after receipt by the City. The City shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

## III. APPLICANT DISCLOSURE

Pursuant to RCW 43.43.834(2), all applicants described Section I above are required to disclose the following information:

(a) Have you ever been convicted of a crime?

YES \_\_\_\_\_ NO \_\_\_\_\_

(b) Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830, which includes any judicial or administrative adjudicative proceeding that results in a finding

of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudication proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded to him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

YES\_\_\_ NO\_\_\_

(c) Do you have both a conviction under (a) of this subsection and findings made against you under (b) of this subsection?

YES\_\_\_ NO\_\_\_

If the answer is "yes" to any of the above questions, please describe jurisdiction (name and location of court or agency), case number, date of conviction or agency findings, and facts of the conviction or agency findings below and make reference to the question being answered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's printed name: \_\_\_\_\_

Other names by which applicant has been known: \_\_\_\_\_

Applicant's Social Security number: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's prior addresses for the past ten years (include dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. ACKNOWLEDGMENT AND CONSENT**

By filling out and signing this form, applicant acknowledges that he or she has read the entire form, understands it and the requirements described in the form, and grants permission to the City of Redmond to make inquiry to the Washington State Patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency as described in this form.

Applicant understands and acknowledges that the information the City obtains through the use of this form will be considered by the City in its hiring of volunteers and employees that are covered by Section 1 above, to the extent allowed by law.

False, misleading or incomplete information on this form will result in the applicant not being hired by the City as an employee or as a volunteer, or in the termination of the applicant's position with the City.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

\_\_\_\_\_  
(Date and Place)

\_\_\_\_\_  
(Signature)

P.O. Box 1308, Snohomish, WA 98291  
 Phone: (888) 443-0135 // Fax: (888) 226-6952  
 Web: [www.dataquestllc.com](http://www.dataquestllc.com)

Company: City of Redmond

Applicant Name: _____			
Last	First	Middle	
List additional AKA/Alias names used in the LAST 7 YEARS: _____			
Date of Birth*: _____		Social Security #: _____	
<i>(*Used for identification purposes only)</i>			
Driver's License#: _____		State Issued: _____	Expires: _____
<b>*** Please list addresses used during the LAST 7 YEARS ***</b>			
Current Address: _____			
(Complete Address Required)	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code

By signing below, I acknowledge receipt of the Background Check Disclosure ("Disclosure") that accompanies this Background Check Authorization ("Authorization"). I authorize the company named above (the "Company") to obtain consumer reports and/or investigative consumer reports on me for employment purposes as set forth in the Disclosure. I also authorize DataQuest, LLC ("DataQuest") to procure all reports, records, verifications or other information necessary to complete the background check and to furnish the information to the Company. I certify that all information I supply on this Authorization and on any supplemental page(s) is true and correct. I understand that providing fraudulent or misleading information on this Authorization may be grounds for denial of employment, contract for services or volunteer position by the Company or for discharge by the Company. This Authorization shall be valid upon the Company's receipt of my signed Authorization, and, if applicable, at any time during the course of my employment, contract for services or volunteer position with the Company. I authorize the Company, if the Company places workers with other employers, to share any consumer reports or investigative consumer reports with any employer where the Company may attempt to place me to work. I agree that a facsimile or copy of this Authorization form, or electronic signature obtained specifically through DataQuest's authorized electronic signature program, shall be valid as an original.

I understand drug/substance abuse testing may be a requirement for the position for which I am applying or for my current position. If required by the Company, I hereby authorize any laboratory, health care clinic, hospital or qualified medical professional coordinated by DataQuest to conduct such testing and to release the results to DataQuest and/or the party with which DataQuest may contract to arrange for such testing. I also authorize DataQuest to provide those results to the Company. I understand that the results of my drug/substance abuse test may be provided to and reviewed by a medical review officer (MRO) before being released to DataQuest and the Company, and that the MRO may discuss the results of the test with me and ask about medical information specifically related to the test. I understand that when this review is complete, only the drug/substance test results will be provided by the MRO to DataQuest and the Company, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, I acknowledge receipt of "Notice to California Applicants." Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, I acknowledge receipt of a copy of Article 23-A of New York Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Maine Applicants or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by the Company. If you wish to receive a copy of any such investigative consumer report, please contact DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

You may have additional rights under your applicable state law, and you may wish to contact your state or local consumer protection agency or a state attorney general (or the equivalent) to learn about those rights.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CITY OF REDMOND  
VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE

This form must be completed prior to the start of volunteer activity

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the PARKS/RECREATION DIVISION gratuitously, without any express or implied promise by the City of Redmond, or the Redmond PARKS & RECREATION DEPARTMENT to compensate me for my services.

I ACKNOWLEDGE and UNDERSTAND that I am not an employee of the City of Redmond or the PARKS & RECREATION DEPARTMENT and that I may not represent myself as anything other than a volunteer.

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating in the program and I agree to respect the confidential nature of all information I may come in contact with. I also agree to not remove such information via copies or by recorded means from the Redmond PARKS & RECREATION DEPARTMENT.

I will abide by all applicable federal, state and local laws, as well as, the policies and procedures of the City of Redmond and the Redmond PARKS & RECREATION DEPARTMENT.

I assume the risks of property damage, injury, or death associated with my volunteer participation. Volunteers working within the scope of their assignment and on behalf of the city have limited medical coverage. I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator.

The city does not provide coverage for damage to or loss of personal property.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby agree to hold the City of Redmond, its officials, employees, insurers, and other associated parties harmless from all claims arising out of, or in any way connected to, my volunteer duties.

I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I authorize the use of photographs and/or videotapes of myself, my child/children/ward as part of the City of Redmond Washington promotions.

This agreement will be in effect for the duration of my volunteer services, beginning this date:

\_\_\_\_\_, 20\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature (if volunteer is under 18): \_\_\_\_\_

Printed name of Signatory: \_\_\_\_\_

(Optional Information)

Volunteer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: *Primary*: \_\_\_\_\_ *Secondary*: \_\_\_\_\_

Email address: \_\_\_\_\_

***In case of emergency, please contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: *Day*: \_\_\_\_\_ *Evening*: \_\_\_\_\_

Volunteer Hours: \_\_\_\_\_