

# AFTER SCHOOL SPORTS COACHES PACKET

## MIDDLE SCHOOL SPORTS

Dear Coach,

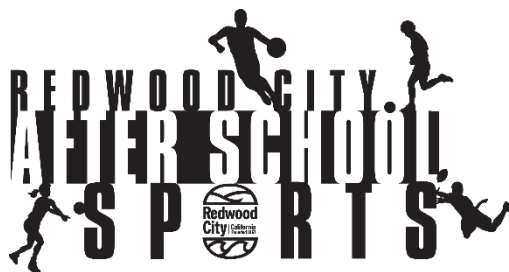
On behalf of the Redwood City Parks, Recreation & Community Services Department, we would like to thank you for your interest in becoming a Volunteer After School Sports Coach!

We provide programs encouraging good sportsmanship, teamwork, positive attitudes, and mutual respect in order to build a strong community within Redwood City. In addition, we promote life skills development by providing a safe place for youth to engage in physical activity, which aids in developing their talents and self-esteem. With your help and dedication, we are able to serve our Redwood City youth through a variety of after school sports opportunities.

The application packet must be completed and all requirements met prior to any contact with your team. Thank you again for your interest in coaching and we look forward to working with you. Please contact us if you have any questions or concerns.

Sincerely,

Michael Smith  
Recreation Coordinator  
Redwood City Parks, Recreation & Community Services  
msmith@redwoodcity.org  
650.780.7254



## MIDDLE SCHOOL COACH JOB DESCRIPTION & EXPECTATIONS

### DESCRIPTION:

- Coach a Middle School team following league philosophy, goals, and bylaws.
- You are considered a role model; therefore sportsmanship, fair play, and full participation are mandatory.
- Teach rules, fundamentals, and teamwork to your athletes.

### QUALIFICATIONS:

- Successfully complete the application process.
- Be enthusiastic. Be positive. Do not coach with a win-at-all cost mentality.
- Be patient, organized, and dependable.

### EQUAL EMPLOYMENT OPPORTUNITY:

- Attend all mandatory coaches meetings and trainings. (On site and online).
- Successfully complete online Concussion Training prior to season.
- Distribute and complete Uniform Sheet. Return all extra jerseys to League Coordinator.
- Conduct a parents meeting prior to the start of the season.
- Hold practices 2-3 days/week during preseason and 1-2 days/week during league play.
- Report any issues, concerns, or challenges to league coordinator immediately.
- Supervise all games/meets and practices.
- Teach young athletes the fundamentals of the sport.
- Provide a safe and fun environment for the children.
- Learn and follow all league rules, policies, and procedures.
- Return all equipment after the last game of the season. (Assist in uniform collection, if needed).

**IT IS CITY POLICY THAT AS AN AFTER SCHOOL SPORTS COACH YOU DO NOT TRANSPORT PARTICIPANTS TO OR FROM PRACTICES OR GAMES AS A REPRESENTATIVE OF THE AFTER SCHOOL SPORTS PROGRAM AND THE CITY OF REDWOOD CITY.**

I agree that the rate of the coaching fee will be \$500 for successful completion of services or \$250 if I do not attend both the coaches meeting and complete/attend the coach's clinic, concussion training, and online training, if applicable. My sole compensation shall be provided as above. I understand that I will receive no compensation if the team is cancelled by the Redwood City Parks, Recreation and Community Services Department. Upon successful completion of all job responsibilities, I understand that I will receive payment within 2 weeks of the completion of sports season. I understand and agree that in the performance of this agreement, I shall have the status of an independent contractor and shall not be deemed to be an employee, agent, or officer of the City. I further hold harmless the City of Redwood City, and its Council, Board, commissions, officers, employees and agent from any and all claims for liability, losses or damage arising out of or alleged to arise from the willful or negligent acts, errors or omissions on my part in the performance of this agreement.

I agree that I have read, understand, and accept the above job description for a After School Sports coaching position.

Name (Printed)\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

T-Shirt Size (Circle one):    Small                  Medium                  Large                  X-Large                  XX-Large

Sport/School:\_\_\_\_\_ Grade/Gender:\_\_\_\_\_

## COACHES CODE OF CONDUCT

By participating in the Redwood City After School Sports Program, I agree to teach and encourage the proper rules of the game and the league and to comply with the following Coaches Code of Conduct:

- I will attend and complete all necessary meetings and trainings relevant to my work with the Redwood City After School Sports Program. If I cannot attend, I will seek a suitable equivalent training determined by League Coordinator.
- I understand that my role as a coach is to support all players and to create a positive, meaningful, and worthwhile experience for everyone involved.
- I will implement a coaching style that teaches youth the proper way to react to winning or losing. I understand that performance is more important than winning.
- I understand and comply with the bylaws outlined by the After School Sports Program of Redwood City regarding player participation, playing time, and game structure.
- At no time will I use profanity, make any derogatory, insulting, abusive, or offensive remarks to referees, players, or spectators.
- I will respect the officials and their authority during games and will never question, discuss or confront officials or coaches at a game. I will take time to speak with them at an agreed upon time and place.
- I understand I will be accountable for the conduct of parents and spectators supporting our team. If, in the opinion of the official, I have failed to control the sideline/bench, team, parents or spectators, I understand the official can reprimand me in the form of technical fouls, warnings and a yellow or red card.

I understand that if I fail to comply with this Code of Conduct, I will be subject to sanctions by the Redwood City After School Sports Program. These sanctions include, but are not limited to ejection, suspension, and/or removal from any and all coaching duties.

---

Coach Name

---

Contact Number

---

Team/Grade

---

Coach Signature

---

Email

## DISCLOSURE RELEASE

As a coach with the City of Redwood City Parks, Recreation & Community Services Department, I am willing to furnish information for use in determining my qualifications. In the connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

I understand that for security reasons a basic clearance check may be conducted and I will be fingerprinted. Further background information will be requested if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the volunteer program.

Full Name: (print)\_\_\_\_\_

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

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

## COACHING EXPERIENCE

PLEASE LIST BELOW ANY PREVIOUS COACHING EXPERIENCE:

Name of Organization/Sport: \_\_\_\_\_

Age Group Coached: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Contact/Phone Number: \_\_\_\_\_

Name of Organization/Sport: \_\_\_\_\_

Age Group Coached: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Contact/Phone Number: \_\_\_\_\_

Name of Organization/Sport: \_\_\_\_\_

Age Group Coached: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Contact/Phone Number: \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.  
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax

classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

#### Social security number

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

#### Employer identification number

				-								
--	--	--	--	---	--	--	--	--	--	--	--	--

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.