

AFTER SCHOOL SPORTS VOLUNTEER COACHES PACKET

K-5TH GRADE SPORTS PROGRAMS & 4TH/5TH GRADE SCHOOL SPORTS

Dear Coach,

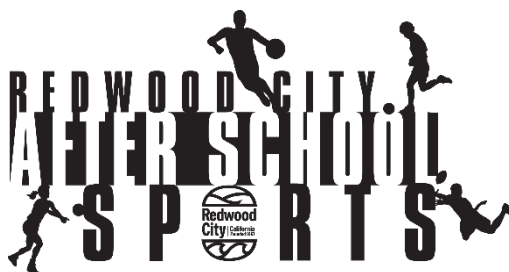
On behalf of the Redwood City Parks, Recreation & Community Services Department, we would like to thank you for your interest in becoming a Volunteer After School Sports Coach!

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



CITY POLICIES AS THEY PERTAIN TO VOLUNTEERS

EQUAL EMPLOYMENT OPPORTUNITY:

The City is committed to providing equal opportunity for all volunteers. It is the City's policy to provide a work environment in which volunteers are treated with respect and dignity and which is free from discrimination and harassment. As part of the American with Disabilities Act, we will attempt to make reasonable accommodations for volunteers with disabilities.

EMERGENCY PROCEDURES:

Volunteers should immediately report any emergency to their supervisor and follow his or her instructions. Remember, the emergency number for outside Police, Fire, or Medical services is 911. When using city land line, in a Parks & Recreation Building, you must dial "9" before "911".

WORKERS COMPENSATION:

As part of the City's recognition for the dedicated work of volunteers, City of Redwood City volunteers are protected under workers' compensation laws if they are injured while performing their volunteer duties for the City and are registered with our Volunteer Services Program. Volunteers shall report all occupational injuries and/or illnesses immediately to their supervisor.

ALCOHOL AND DRUGS:

The City is committed to having a drug-free workplace. Volunteers must abide by this policy and not come to work "under the influence." A volunteer will be released from his/her volunteer services if he/she is under the influence of alcohol, drugs, narcotics, stimulants, depressants, or hallucinogens (unless prescribed by the employee's/volunteers physician and taken only in accordance with the physician's prescription and instructions); or if found giving, selling, or delivering such items to any other person on City premises or work area; or trafficking for the sale or delivery of such items while on City premises or work areas.

SMOKING:

According to the Redwood City Code of Ordinances, the city has a responsibility to provide a work area free of tobacco smoke. Generally, smoking is prohibited in public area such as conference and meeting rooms, elevators, hallways, restrooms, and in all office settings in which the public is routinely served at a counter or in a reception area.

SEXUAL HARASSMENT:

Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 and is defined as "unwelcome sexual advances, request favors, and other verbal or physical conduct of a sexual nature." Such conduct is considered to be sexual harassment when it has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

PARKS, RECREATION AND COMMUNITY SERVICES

AFTER SCHOOL SPORTS

1120 Roosevelt Redwood City, CA 94061

(650) 780-7254 www.teamsideline.com/redwoodcity

VOLUNTEER COACHES APPLICATION

NAME: <i>Last</i>	<i>First</i> <i>Middle</i>
ADDRESS: <i>Number</i> <i>Street</i> <i>Apt.</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
PHONE: <i>Day</i> <i>Evening</i> () ()	SOCIAL SECURITY NUMBER:
CALIFORNIA DRIVERS LICENSE #: Class: Exp. Date:	Are you under 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMERGENCY CONTACT: Name: _____ Phone: _____ Day: () _____ Address: _____ Evening: () _____	

VOLUNTEER JOB PREFERENCE

If you are responding to a particular volunteer opportunity, please specify the position:

Please check your skills and areas of interest:

☐ Basketball (4th/5th Grade)

☐ Other: _____

☐ Volleyball (4th/5th Grade)

☐ Soccer (4th/5th Grade)

Please list other skills, hobbies, certifications, license, or professional registration that would help in your volunteers job:

Fluent Languages (*other than English*):

Language(s): _____ ☐ Speak ☐ Read ☐ Write

VOLUNTEER AVAILABILITY: *Please mark your available times for volunteering:*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Special Event Only
FROM:								
TO:								

☐ 1-2 hours at a time ☐ 3-4 hours at a time ☐ Weekends only ☐ Evening only ☐ On-call

Length of assignment desired: ☐ 3 mos. ☐ 6mos. ☐ More than a year ☐ Special projects ☐ Undecided

If necessary, do you have available transportation to use for a volunteer job? ☐ Yes ☐ No

What are your present goals for a volunteer job? (e.g. help others, gain work experience, school credit, etc.)

EDUCATION AND WORK EXPERIENCE

CURRENT STATUS: *(check all that apply)*:

☐ Employed full-time ☐ Employed part-time ☐ Not employed ☐ Retired
☐ Full-time student ☐ Part-time student ☐ Seeking employment ☐ Other _____

HIGHEST LEVER OF EDUCATION COMPLETED:

☐ High School or GED ☐ AA Degree ☐ BS/BA ☐ Master ☐ Doctorate ☐ Other _____

CURRENT EMPLOYER OR SCHOOL: _____

Address: _____ Supervisor's Phone: _____

Job title/grade: _____ Position of Major: _____

Length of time: _____ May we contact your employer? YES ☒ NO ☐

PREVIOUS/CURRENT VOLUNTEER JOBS: _____

REFERENCES: Name: _____ Phone: () _____

Name: _____ Phone: () _____

MISCELLANEOUS

Please answer the following question. IF the answer to any is yes, please give details.

1. Do you have any physical limitations which may affect your ability to perform the job which you have applied?

☐ NO ☐ YES _____

2. Have you even been convicted of a felony in the last five (5) years or of a misdemeanor which resulted in imprisonment?

☐ NO ☐ YES _____

Conviction of a crime is not an automatic bar to being a volunteer.

3. Have you ever worked for the City of Redwood City?

☐ NO ☐ YES _____

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting and a background check may be required before placement in some positions.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTAL CONSENT: *(Required for volunteers under 18 years of age)*

I give permission for _____ (Name of minor) to participate in the City of Redwood City's Volunteer Program. I understand that because my child's participation is in a volunteer basis, no employment relationship exists between my child and the City of Redwood City. I further agree to hold harmless the City of Redwood City, its officers, employees and agents from any and all claims arising out of any injury sustained by my child during the time he/she is engaged in voluntary activities with the City. I further release the City, its officers, employees and agents from any and all claims arising from my child's participation in volunteer activities except those based on the actionable negligence or intentional misconduct of the City.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VOLUNTEER COACH JOB DESCRIPTION & EXPECTATIONS

DESCRIPTION:

- Coach 4th/5th grade 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 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

E-mail

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 _____