



## CCPARD Youth Sports Coaches Application

Coach's Name: \_\_\_\_\_ Coach's Contact #: \_\_\_\_\_

Coach's Email: \_\_\_\_\_

|               |                          |            |                          |            |                          |
|---------------|--------------------------|------------|--------------------------|------------|--------------------------|
| Baseball      | <input type="checkbox"/> | Basketball | <input type="checkbox"/> | Soccer     | <input type="checkbox"/> |
| Flag Football | <input type="checkbox"/> | Softball   | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> |

|            |                          |                 |                          |
|------------|--------------------------|-----------------|--------------------------|
| Head Coach | <input type="checkbox"/> | Assistant Coach | <input type="checkbox"/> |
|------------|--------------------------|-----------------|--------------------------|

----- CCPARD STAFF ONLY -----

Received by (print): \_\_\_\_\_ Date Received: \_\_\_\_\_

|                 |                          |                    |                          |            |                          |
|-----------------|--------------------------|--------------------|--------------------------|------------|--------------------------|
| Code of Conduct | <input type="checkbox"/> | Coaches Background | <input type="checkbox"/> | Coaches DL | <input type="checkbox"/> |
|-----------------|--------------------------|--------------------|--------------------------|------------|--------------------------|

Staff Signature: \_\_\_\_\_ Approval: \_\_\_\_ Disapproval: \_\_\_\_ Date: \_\_\_\_\_

----- HR STAFF ONLY -----

Date Received: \_\_\_\_\_ HR Signature: \_\_\_\_\_ Approval: \_\_\_\_ Disapproval: \_\_\_\_ Date: \_\_\_\_\_

City of Copperas Cove  
Parks and Recreation Department  
Volunteer Application

**Coaches Code of Conduct**

Coaches are a critical element of Copperas Cove Parks and Recreation (CCPARD). You have direct contact with players at every practice and game, and you will be the primary influence on player growth. For most players, coaches are the only adult representatives they know from our league. For these reasons, CCPARD expects that all its head and assistant coaches will be familiar with and agree to follow the league's mission, rules, goals, and objectives. We would like the reputation and integrity of our parks to be free from the effects of irresponsible conduct of teams, coaches, and other parties. The pressure that some teams and coaches feel to win, even at the expense of fair and ethical behavior, produces actions that set a terrible example for the players. When such conduct goes unchecked, pressure mounts on other teams and coaches to respond in kind.

**Coaches Responsibility**

A coach's most important role is teaching young men and women about life. This involves setting standards and a code of conduct. A coach with CCPARD must agree with the idea of being a role model for the players and their parents.

Although it is important to teach young players to be competitive and to help them develop a winning attitude, there is more to the game of youth sports than winning every game. Our coaches will, in both words and deeds, provide players with a broader, constructive, and positive view of athletic competition.

They will emphasize good sportsmanship, teamwork, fair play, and academic responsibility.

Coaches are responsible for their conduct, and the conduct of their players, parents, and fans at all games. Abusive or obscene language, violent play, violent conduct, use of drugs or alcohol, or other behavior detrimental to the game or players will not be tolerated. The failure of a coach to control his or her players, parents, and fans will result in action against him or her by CCPARD.

Coaches should set an example regarding the officials. Explain to parents that, he or she is trained in the rules of the game, and is almost always better positioned than a spectator to see what happened. Point out that much of officiating is judgment and that the officials are neutral; while coaches, parents, and fans are not. It is your responsibility to set the tone for the conduct of your parents and fans. If a coach, parent, or fan becomes abusive in any way and you cannot quiet them, ask them to leave before the officials or a representative of CCPARD has to do so. They are all your responsibility from the time you come on to the facility until you leave.

Coaches will forbid their players from taunting, threatening, or harassing any player during league play, at school, or otherwise. Coaches must also understand the need to stay informed of and learn about youth sports coaching techniques, drills, and exercises, both as it relates to safety and player skill development. They will make every attempt to attend any coaching clinics offered by CCPARD and CCISD.

Initials each line.

- A. \_\_\_ I will place my players' emotional and physical well-being ahead of a personal desire to win.  
Expected Behavior:
- Use appropriate language respectfully when interacting with players, referees, and staff.
  - Understand that CCPARD Youth Sports is a recreational program that emphasizes equal playing time, teamwork, respect, and fun. To, Include all players in team activities without regard to race, religion, color, sex, or any other legally protected classification.
  - Treat all players, referees, staff, coaches, parents, and spectators with dignity and respect.
  - I will not argue with officials, staff, and or opposing coaches.
- B. \_\_\_ I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group. Expected Behavior:
- Be aware that youth may vary greatly in physical, social, and emotional maturity.
  - Understand that some skills, drills, and demands are not appropriate for all youth.
  - Be aware that a child may need additional support depending on behavioral, emotional, or physical disability.
- C. \_\_\_ I will do my best to provide a safe playing situation for my players. Expected Behavior:
- Report any safety hazards to the City of Copperas Cove
  - Protect players by removing them from play if injured and will communicate all player injuries with parent/guardian and the City of Copperas Cove.
  - Keep all players' personal information confidential and only use it for league purposes.
- D. \_\_\_ I will do my best to organize practices that are fun and challenging for all my players. Expected Behavior:
- Understand that communication with parents is important regarding schedules and will do my best to inform parents about any changes in schedules.
  - Realize that players may have absences from practices or games due to reasons beyond their control.
- E. \_\_\_ I will lead by example in demonstrating fair play and sportsmanship to all my players. Expected behavior:
- Do my best to encourage, teach, and expect good sportsmanship from my players and their parents.
  - Play all players equally. This includes both playing time and playing each position.
- F. \_\_\_ I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events. Expected Behavior:
- Be alcohol, tobacco, and drug-free at all CCPARD activities.
  - Remind parents/spectators to refrain from the use of alcohol, tobacco, or drugs while at CCPARD Youth Sports activities.
- G. \_\_\_ I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.  
Expected Behavior:
- Encourage parents and players to read the rules and answer any questions they may have.
  - Teach and require compliance with the rules from my players.
- H. \_\_\_ I will remember that I am a youth sports coach representing the City of Copperas Cove.
- I. \_\_\_ I understand that the game is for children and not adults. Expected Behavior:
- Maintain a positive and respectful attitude.
  - Accept and adhere to all league rules and policies.
  - Be responsible for the behavior of my parents and spectators.
- J. \_\_\_ I will return all youth sports equipment to the City of Copperas Cove.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## City of Copperas Cove Volunteer Application

The following information is required to assist the City of Copperas Cove in making the best possible decision regarding the selection of volunteers to serve the community. The City appreciates your interest and time in completing this form. Selection of volunteers is based on several factors and no guarantee is given an application will be selected.

When completing the application, please attach a copy of your photo ID that includes your DOB and address. Please submit the completed application to the Human Resources Department – 914 S Main St. Ste. E Copperas Cove, TX 76522 or email to [hr@copperascovetx.gov](mailto:hr@copperascovetx.gov). For further information, call 254-547-4221.

**“✕” This symbol indicates that a digital or physical signature is required to process the application.**

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License-State/Number: \_\_\_\_\_

Have you ever volunteered for the City of Copperas Cove? No:  Yes:

If yes, what department? \_\_\_\_\_

Volunteer dates: \_\_\_\_\_

Have you ever been employed by the City of Copperas Cove? No:  Yes:

If yes, what department? \_\_\_\_\_

Employment dates: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do you have any family members, friends, or acquaintances employed by the City of Copperas Cove?

No:  Yes:  If yes, please list name and relationship:



**EDUCATION AND EXPERIENCE:**

Education background:

Previous volunteer experience:

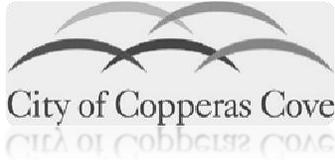
Particular interest in volunteer work:

- |   |  |
|---|--|
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Senior Center                                 |
| <input type="checkbox"/> Animal Control     | <input type="checkbox"/> Golf Course                                   |
| <input type="checkbox"/> Library            | <input type="checkbox"/> Other (please specify which department below) |

Preferred days and/or times: \_\_\_\_\_

Available start date: \_\_\_\_\_ Maximum hours per week: \_\_\_\_\_

List any additional information which may be helpful for proper assignment (skills, languages, etc.):



**REFERENCES:** Please provide reference information for three individuals, excluding relatives or past employers.

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**PARENT / GUARDIAN CONSENT:** Please complete only if 17 years of age or younger.

\_\_\_\_\_ has my permission to volunteer for the City of Copperas Cove. I understand that as a volunteer \_\_\_\_\_ will not receive a financial reimbursement, however his/her services will be considered as regular work experience and that he/she will be expected to dress and conduct himself/herself professionally.

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

Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

**BACKGROUND HISTORY STATEMENT:** Are you currently or have you ever been party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made), in which you were charged, convicted, fined, served probation, participated in deferred adjudication or other program to avoid conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Conviction will not automatically disqualify applicant) No:  Yes:  If yes, please explain:



**NOTE: Please carefully read the following statements. After you have read the statements, please sign and date in the space provided below.**

I understand that in the course of my work experience I may come into contact with confidential records and information. I agree to maintain the confidentiality of those materials and guard the private nature of that information, and to disclose such information only on a need to know basis.

As a volunteer, I agree to complete assignments to the best of my ability, observe all staff rules and policies, and maintain information confidentiality.

The City of Copperas Cove agrees to provide me with adequate work space and supplies, evaluate my performance on a regular basis, try to provide new assignments and challenges for me, and suggest an alternative placement or terminate my volunteer assignment if determined to be in the City's best interest.

I understand and certify the information contained in this application or other material provided to the City of Copperas Cove, and in any oral statement made by me are true and correct. I have not omitted any information and understand false or misleading information given in my application, resume or interviews will disqualify me from further consideration. I understand information disclosed in this process may be disclosed in public meetings and/or may be made available to the public.

I authorize investigation of all statements contained herein and authorize the references listed above to provide the City of Copperas Cove any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Copperas Cove.

I further authorize the City of Copperas Cove to conduct a criminal history background investigation as part of this volunteer application process. I also agree to provide the City of Copperas Cove with any other authorization or release necessary to complete the required criminal history background investigation to determine my suitability as a volunteer.

I understand and agree that if permitted to volunteer my volunteer service is for no definite period and may be terminated by the City of Copperas Cove at any time for any reason and without any prior notice. The City of Copperas Cove prohibits its volunteers from possessing, using, purchasing or selling alcohol or controlled substances on its property, in City-owned or leased vehicles, on work sites, or at any other time while in the course of volunteering for the City of Copperas Cove. No volunteer may be at work while under the influence of alcohol or any controlled substance. I understand that violation of this policy, or any other policies mentioned above, as well as any specific department policy given to me orally or in writing, will result in the termination of my volunteer assignment.

✘

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION
(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and
may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the
applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas
Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true
identification to criminal history record information (CHRI), therefore the organization conducting the criminal
history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency
may request that I also have a fingerprint search performed to clear any misidentification based on the result of
the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint
Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime Records/Review
of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete
set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting
services company. Once this process is completed the information on my fingerprint criminal history record may
be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee
Date
City of Copperas Cove
Agency Name (Please print)
Agency Representative Name (Please print)
Signature of Agency Representative
Date

Please:
Check and Initial each Applicable Space
CCH Report Printed:
YES NO initial
Purpose of CCH:
Empl Vol/Contractor initial
Date Printed: initial
Destroyed Date: initial
Retain in your files