

DENISON GIRLS SOFTBALL VOLUNTEER APPLICATION (New Coaches)

Must be completed by all volunteers including coaches, managers, umpires, etc of the sports organization who have regular access to or repeated contact with athletes. A valid driver's license must be submitted with your application.

What position are you applying for? Please Circle:

Head Coach, Assistant Coach, Practice Helper, Dug Out Mom

If coaching, what age group are you applying for? Please Circle:

Lil Rookies (3-4), 6U Division (5-6), 8U Division (7-8), 10U Division (9-10), 12U Division (11-12), 15U Division (13-15)

Denison Parks and Recreation

Phone: 903-463-5116

FAX: 903-465-1676

Personal Information

Full Legal Name: _____ Email: _____

Date of Birth: ____/____/____ Male ____ Female ____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Address

Street / Apt # City State Zip

Previous Address

Street / Apt # City State Zip

Present Employer

Name of Employer Name of Supervisor

Address of Employer City State Zip

Dates of Employment Position Held / Responsibilities

Have you been convicted of a crime? (If yes, please explain the in space provided) _____

Qualifications

Have you ever volunteered, umpired or coached in another youth sports league? If so, what league and when? _____

Have you ever been refused as a volunteered, umpired or coached in another youth sports league? If yes explain. _____

Do you have children playing Denison Girls Softball? _____

Do you have any other experience working with children? _____

Do you have any formal training as a coach? _____

Why are you qualified to coach? _____

Describe how you will handle parents/ volunteers on your team upset about practices, playing time, position child plays or any other situations that can arise. _____

What type of discipline techniques will you use when a player becomes disruptive or doesn't cooperate during a game or practice? _____

Describe your coaching philosophy? Ex. Winning at all costs _____

Do you have the time to be committed to being a coach or volunteer? There are many nights and weekends! _____

What is the most enjoyable part of being a coach or volunteer in a youth sports league? _____

Use the spaces below to describe a practice appropriate to the age division you are interested in coaching. Remember you have helpers to assist you. Be detailed as possible. _____

References (Please do not list Parks and Recreation Employees or family members)

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Consent/Release

I authorize and give consent for the Denison Girls Softball and City of Denison to obtain my personal information.

This includes but is not limited to employment records, employers references, criminal background checks, fingerprints, driving records, financial bankruptcy information, coaching experience, personal references and addresses.

I authorize this information to be obtained either in writing, via internet or telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of other sports organizations, that this sports organization is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability the sports organization and its directors, officers, employees and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

- _____ Completed Volunteer Application
- _____ Copy of Drivers License
- _____ References Checked
- _____ Copy of Liability Insurance

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

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	