Dear Volunteer Coach,

Thank you for choosing to be a part of DCPR sports. Here is our required volunteer coaching information packet. This packet must be filled out and returned to the recreation office at 1329 Waterloo Lane, Gardnerville, NV as soon as possible. Participant enrollment is directly based on the number of volunteer coaches acquired.

Following the completion of your DCPR volunteer application, a valid photo ID will be checked by an authorized recreation staff member and you will be given a second packet consisting of required waivers, liability, and fingerprint background information.

Coaching volunteers will be required to submit their fingerprints to the Douglas County Sheriff's office as soon as possible, as it takes an average of 4-6 weeks to complete the process. All volunteer coaches, and assistant coaches, must have their fingerprint and background checks cleared prior to hosting a practice, or coming into contact with the children on your team.

Please take all completed forms to the Douglas County Sheriff's Office, 1038 Buckeye Road, Minden, NV 89423 please arrive by 4:30pm Mon-Fri 775-782-9933 for the fingerprinting process. *(Please leave all forms with sheriff's office)*

Fingerprint Background Checks are required for each youth sport season you intend to coach. If you coached another DCPR sport within the last 6 months you may only be required to complete the appropriate coaching application for the upcoming season.

If you have you ever been convicted of, pled guilty or nolo contendre to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? A conviction or guilty plea will not necessarily disqualify you from volunteer work with DC. Please be advised that an applicant may not be approved if any above infractions occurred within the last 5-7 years.

Thank you for taking the time to fill out this packet and most importantly, for volunteering to coach a youth sports team through Douglas County Parks and Recreation.

Sincerely,
Scott Doerr

Recreation Coordinator
Douglas County Parks & Recreation
1329 Waterloo Lane
Gardnerville, NV 89410
sdoerr@douglasnv.us
(775) 782-5500 Ext. 1
(775) 782-9844 Fax

Youth NFL Flag Football League

Coaches Application

2017

Please Complete All Sheets

COACHES INFORMATION

Applying for: **Head Coach**_____ **Assistant Coach with**_____
(must have a head coach approval before submitting background packet.

Coaches must attend: Pre-Draft Player Preview, Player Draft/Coaches Meeting, Dates TBD

Name:_____ **18ys/older**_____**Yes**_____**No**

EMAIL: (REQUIRED)_____

Address:_____

City: _____ **State:** _____ **Zip:** _____

Best Phone:_____ **Alternate Phone**_____

Leagues: 1st-2nd_____ **3rd-4th**_____ **5th-6th**____ **7th-8th**_____

Coaches Child's Name: _____**Coach Shirt: S M L XL 2XL**

Coach Last Year: Yes No Team/League:_____

Coach Application & Background Packets must be received by July 14th 2017.

Preferred NFL team uniform_____**Second Choice**_____

No guarantees: Team preferences will be given to coaches on a first come/first serve basis

Application Date _____

More information contact Douglas County Community Center Community 775-782-5500 ext. 1

Douglas County Parks & Recreation

Youth Sports Code of Conduct & Ethics

Preamble:

Interscholastic and youth sports programs play an important role in promoting the physical, social, and emotional development of children. It is therefore essential for parents, coaches, officials, and administrators to encourage youth participants to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and I will provide support, care and encouragement for all participants in youth sports and shall conform my behavior to the following code of conduct:

1. I will encourage good sportsmanship by demonstrating positive supports for all players, coaches, and officials at every game, practice or other sports events.
2. I will not engage in nor encourage any behavior, which would endanger the health, safety or well being of any coach, parent, participant, official or any other attendee.
3. I will place the emotional, physical and social well being of the participants ahead of any personal desire for victory.
4. I will treat each participant as an individual, remembering the large range of emotional, physical and social development for the same age group.
5. I will support all participants, coaches, officials and administrators working with all participants, in order to encourage a positive and enjoyable experience for all.
6. I will behave in a manner acceptable to community standards and not engage in nor encourage the use of profanity or any threats of verbal or physical violence directed towards any participants, coaches, officials or any other attendees, as well as administrators.
7. I will provide and demand a safe and healthy sports environment that is free from drugs, tobacco and alcohol and require that the participants, coaches, officials, spectators and administrators refrain from use at all youth sports events.
8. I will ask my child and all other participants to treat other participants, coaches, officials, spectators and administrator with respect regardless of race, sex, creed, color, national origin, sexual orientation or ability.
9. I will do my best to make youth sports fun for all participants and remember that the game is for youth – not adults.
10. I will remember that this program is strictly recreational and a positive experience is the only outcome that I am focused on.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a youth sports event I will be subject to disciplinary action, including but not limited to the following in any order or combination:

1. Verbal warning issued by a league, organization or school official.
2. Written warning issued by a league, organization or school official.
3. Suspension or immediate ejection from a youth sports event issued by a league, organization or school official who is authorized to issue such suspension or ejection.
4. Suspension from multiple youth sports events issued by a league, organization or school official who is authorized to issue such suspension.
5. Season suspension or multiple season suspension issued by a youth sports organization.

Coach's Signature _____ Coach's Name_____ Date: _____

Douglas County

VOLUNTEER

Agreement & Emergency Contact Information

(Please Print)

Volunteer Agreement

Name of Volunteer _____

In reference to this Agreement, it is understood that Douglas County is a governmental entity.

The volunteer agrees to volunteer his/her services to Douglas County in the position of:

Youth/Teen Sports Coach for **DOUGLAS COUNTY PARKS & RECREATION**

Position Department

Volunteer agrees:

1) To perform this service for Douglas County for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered;

2) To offer this service freely and without pressure or coercion, direct or implied, from Douglas County; and

3) That he/she is not employed by Douglas County to perform the same type of services as those for which he/she is agreeing to volunteer.

Volunteer realize that Douglas County is depending on his/her services. If for a serious reason, the volunteer cannot keep this commitment, the volunteer will notify his/her supervisor in advance.

Emergency Contact

Volunteer understand that the following information will only be used to contact the designated person listed below in a medical or incident emergency by the business staff listed above. Volunteer further understand that the above business may furnish first aid care, including but not limited to, transportation of volunteer by paramedical personnel to a facility where defined medical care can be provided at no expense to the listed business.

Emergency Contact _____

(Please Print Name)

Emergency Contact Number: _____ Please ✓ one: ☐ Cell Phone ☐ Home Phone

Signature: _____ Date: _____

(Of Volunteer)

Douglas County
VOLUNTEER APPLICATION

Douglas County (DC) Is An Equal Opportunity Employer
If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements

Name: _____ **Telephone:** (____) _____ **Date:** _____

Address: _____
(Street) (City) (State) (Zip Code)

Are you 16 years of age or older? ☐ Yes ☐ No

Volunteer Position Appling For: _____ Department: _____

Have you been given a job description or had the requirements of the job explained to you? ☐Yes ☐ No

Do you understand the job requirements? ☐Yes ☐No

Are you currently employed by DC in any capacity? ☐Yes ☐No
If Yes, what department? _____ Job title: _____

If you are not a current employee of DC, have you previously worked for DC? ☐ Yes ☐ No
If Yes, in what capacity and when? _____

Days Available to work as a volunteer (Circle All That Apply) M T W T F S S

Driver's License Number: _____ State: _____ Expiration Date: _____
(Optional, unless required for the position for which you are now applying.)

Have you ever been convicted of, pled guilty or nolo contendre to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? ☐Yes ☐No
(A conviction or guilty plea will not necessarily disqualify you from volunteer work with DC.)

If yes, list all such offenses and disposition. You may omit minor violations for which you paid a fine of $50 or less.

_____

_____

Have you ever been disciplined in your employment related to workplace violence? ☐ Yes ☐No
If yes, please explain: _____

_____

Do you presently use illegal drugs? ☐Yes ☐ No

Signature of Applicant: _____ **Date:** _____

HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT

Provide information regarding paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent experience. It is only necessary to list volunteer work, training, employment, or military service which relates to the activities for which you are offering to volunteer. Use additional sheets if necessary.

May we contact the employer listed? ❑ Yes ❑ No

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ ❑Paid or ❑Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

_____

_____

_____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ ❑Paid or ❑Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

_____

_____

_____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.) : _____

City, State, Zip: _____ Hours per week: _____ ❑Paid or ❑Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

_____

_____

_____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

City, State, Zip: _____ Hours per week: _____ ☐Paid or ☐Volunteer

Supervisor's Name/Title: _____ Telephone: _____

Related Paid or Volunteer Assignments:

_____

_____

_____

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, please contact: _____.

This is an application for a volunteer position. Application for paid positions must be made on a separate, DC application form. ☐

I authorize DC to contact any employer or individual that I have listed on my volunteer application and/or résumé or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for volunteering with DC. ☐

In exchange for DC's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to DC upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including DC, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations. ☐

I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from DC. I recognize that I will not receive nor do I expect compensation for the services I am offering. It is not my purpose or my expectation that my services are in preparation for employment with DC. ☐

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Signature of Applicant: _____ **Date:** _____

Douglas County

VOLUNTEER RELEASE OF LIABILITY

(Please Print)

ρ Adult ρ Child

Name of Participant _____ Sex: _____

Are you at least 18 years of age? ρ Yes ρ No
If no, Please state your age _____

Address _____ _____ _____ _____
(Street / PO Box) (City) (State) (Zip)

Phone Numbers _____ _____ _____
(Day Phone) (Evening Phone) (Cell Phone)

Email _____ Fax Number (if applicable) _____

Position Volunteering _____ Inclusive Dates _____

In reference to this waiver and release, it is understood that Douglas County is a governmental entity formed under

Assumption Of Risk. I understand that there are inherent risks in the activity I am volunteering for and that anyone participating in such an activity may be exposed to the risk of bodily injury and/or property damage due to the nature of such activities. I acknowledge that I have read and have initialed the inherent risks noted on the back of this waiver and release and I agree to assume such risks for myself of this activity.

RELEASE OF LIABILITY. I hereby, for myself, for my minor, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** Douglas County, the organizers and/or sponsors of this activity, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my or my minor child's participation in this activity.

Declaration. I declare that I have read and understand the contents of this form including the inherent risks noted on the back of this form. I am aware that this is a **RELEASE OF LIABILITY** and a contract between myself. /minor child noted above and DC and sign it of my own free will.

Name of Participant (Parent / Guardian if Volunteer is a Minor): _____
(Please Print)

Signature: _____ Date: _____

(Over)

THIS IS A RELEASE OF LIABILITY

INHERENT RISKS IN THE ACTIVITY AS NOTED

The inherent risks of _____ are hereby defined, but not limited to this definition, as those dangers or conditions, which are an integral part of the activity. Inherent Risks defined are:

_____

_____

_____

Such inherent risks can result in personal, bodily injury including death and/or property damage.

I acknowledge by my initials below that I have read and understand the inherent risks of this activity and do hereby accept the inherent risks noted above.

_____
(Initial of Participant or parent/guardian of minor child)