



# YOUTH SPORTS VOLUNTEER COACHES APPLICATION

Name of Sport \_\_\_\_\_ Session: \_\_\_\_\_

Name \_\_\_\_\_ of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Business \_\_\_\_\_

Type of volunteer position you are applying for:

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Official \_\_\_\_\_

Sport \_\_\_\_\_ Age group you prefer to work with \_\_\_\_\_

List experience with this sport:

\_\_\_\_\_

Describe the skills/experience /certifications you possess that would help you succeed as a volunteer in this sport: \_\_\_\_\_

\_\_\_\_\_

Do you have a child presently involved in a YMCA youth sports program? Yes or No?

If yes, indicate child(s) name \_\_\_\_\_

Have you ever volunteered as a coach for the YMCA? \_\_\_\_\_ Branch \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_

Have you ever been removed or requested not to coach before in any league? \_\_\_\_\_

Have you authorized the YMCA to conduct a background check within the past 12 months? Yes or No?

## INSURANCE INFORMATION

Thank you for volunteering your time with the YMCA. We hope this will prove to be a rewarding experience for you. As a volunteer, you are *not* covered by the YMCA's Worker's Compensation program. You are, therefore, urged to have your own health insurance in ever the event you are injured while performing your volunteer duties. You *are* covered by the YMCA's General Liability Fund, which will protect you in the event of property damage or accidental injury to the public as a result of your performance or volunteer duties *assigned by the YMCA of Douglas County*.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION ON VOLUNTEERS AND INSURANCE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:**

**I understand that I am to immediately report accidents or injuries of participants or myself to my supervisor. I also understand that volunteer positions are *not* covered under Worker's Compensation Insurance.**

Initial\_\_\_\_\_

**I understand that the YMCA of Douglas County makes an active effort to prevent child abuse and thus requires that all volunteers have background checks and attend Child Abuse Prevention Training.**

Initial\_\_\_\_\_

**I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.**

Initial\_\_\_\_\_

**I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or Branch Director. It is the policy of the YMCA of Douglas County to cooperate with the authorities conducting investigations of suspected child abuse.**

Initial\_\_\_\_\_

**I understand that all volunteers are subject to dismissal at the discretion of the YMCA of Douglas County and volunteer positions are for no specified term. If in the event, I choose to cease volunteering, I am free to do so at any time. I understand that if the YMCA of Douglas County programs are dependent upon my agreed attendance, I will give my supervisor and the YMCA timely notice of intentions to cease volunteering.**

Initial\_\_\_\_\_

**I understand that if selected to volunteer, any misrepresentations made by my completing this application shall be considered as sufficient cause for my dismissal without advance notice.**

Initial\_\_\_\_\_

**I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA of Douglas County.**

Initial\_\_\_\_\_

**I understand that volunteers will not fraternize with children outside the programs, including babysitting. No exceptions will be made.**

Initial\_\_\_\_\_

**I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.**

Initial\_\_\_\_\_

**I understand that information concerning my past record may be sought from employers, references and organizations for which I may have volunteered. I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.**

Initial\_\_\_\_\_

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

# **COACHES REQUIREMENTS**

**I understand that my responsibilities as a coach are of great importance and I realize that my actions may have the potential to significantly influence others who participate in YMCA sports. Therefore, I promise to conduct myself in accordance with the YMCA Character Development Traits (Honesty, Respect, Responsibility, & Caring) and pledge below:**

- 1. I will always keep winning and losing in perspective and have fun for the kids are the top priority.**
- 2. I will always keep an awareness of safety for all players.**
- 3. I will promote good sportsmanship and teamwork.**
- 4. I will always remember that this program is for the kids.**
- 5. I will leave all personal issues and problems "at the door" prior to my games and practices.**
- 6. After every game, my team will line up to shake hands or "high five" hands with the opposing players.**
- 7. I will treat the opposing coach and team with dignity and respect.**
- 8. I will always treat YMCA staff, all players, coaches and all parents with dignity and respect.**
- 9. I will address any concerns in a calm and appropriate manner.**
- 10. To the best of my ability, I will give equal playing time to all of my players.**
- 11. I will teach fair play and sportsmanship.**
- 12. There will be no negative or derogatory comments allowed before, during or after a game, directed at either players, parents or coaches.**
- 13. There will be no swearing or profanity allowed.**
- 14. I will create an environment that will nurture the development of self-respect and self-esteem.**
- 15. I will abide to and coach my team according to YMCA rules and policies.**
- 16. I will never come onto the court or playing field during the game to argue or question the referee.**
- 17. I will never confront or criticize a referee before, during or after the game in a negative manner. I will teach respect for officials and set a positive example.**
- 18. I will never touch a referee, even if it is a hand on a referee's shoulder. Touching a referee is grounds for immediate dismissal from the league.**
- 19. There is no food or drink, including water bottles, allowed in the gyms. This includes coaches, players and spectators. I will have after-game snacks outside of the gym in an approved area.**
- 20. After the practices and games, I will check over the court or playing field for left behind clothes, shoes or other belongings. Anything left behind that does not belong to the team or parents, stays at the location. The YMCA is not responsible for personal belongings of coaches, players or spectators.**
- 21. I will conduct myself in accordance with the YMCA mission and Christian principles at all times. I will not represent myself as an agent of the YMCA beyond the scope of my volunteer duties or after termination of my volunteer status with the YMCA. I will comply with all laws, ordinances and regulations in the course of my volunteer work at the YMCA.**

**In addition to the above pledge, I acknowledge the YMCA Code of Conduct for staff and Volunteers who work with Children / Child Abuse Prevention Policies (separate document). In order to protect myself as a YMCA volunteer and program participants, I understand that reference and background checks will be conducted, documented and filed on all volunteers who work with children.**

**The following points from the Code of Conduct for Staff & Volunteers who work with Children /Child Abuse Prevention Policies (separate document) are emphasized and followed by me:**

**\* \_\_At no time during a YMCA program may a volunteer staff or staff person be alone with a single child (except their own) where they cannot be observed by others, they should space themselves in a way that other staff members can see them.**

**\* \_\_Volunteers & staff shall never leave a child unattended.**

**\* \_\_Volunteers & staff may not date program participants under the age of 18 years of age**

**\* \_\_Volunteers & Staff are to read and sign all policies related to identifying, documenting and reporting child abuse and to attend orientation training for coaches, which includes information on appropriate behavior to prevent accusations of child abuse.**

**\* \_\_Volunteers & staff are expected to conduct themselves in accordance with the YMCA mission and Christian principles at all times.**

**Print Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Program: \_\_\_\_\_**

# YMCA OF DOUGLAS COUNTY

## Employee/Volunteer Background Check Information

Notified: _____
Date: _____
Initial: _____

The information below will be used for the purpose of checking criminal background history of employees/volunteers or potential personnel.

Employees/volunteers of the YMCA of Douglas County are expected to be role models for our members, and some past criminal activity could disqualify an individual for a position.

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject. In the event a reportable record is found, the subject will be advised of the result. The YMCA reserves the right to discontinue association with any individual for any offense.

**SUBJECT INFORMATION:** All information is **REQUIRED**. Failure to supply complete information may affect result of inquiry.

How long have you been in the State of Oregon? \_\_\_\_\_ years.

What previous states have you lived in during the last ten (10) years?

State	Date	State	Date
_____	_____	_____	_____
_____	_____	_____	_____

### PRINT LEGIBLY & CLEARLY

**Circle the name of the department in which you will be working if you are hired:**

Admin Memshp Facility ChildCare Teen&Fam Aquatics Fitness Sports SoCounty Adult Program  
Swim Team Partner Sports Camp

Hiring Supervisor's Name: \_\_\_\_\_

YMCA Job Title: \_\_\_\_\_ **Circle one:** Pd Staff Volunteer

Name: \_\_\_\_\_  
Last
First
Middle

**All** Alias/Maiden: \_\_\_\_\_ (Previous married name(s), maiden)

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Soc. Sec # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License Number/State: \_\_\_\_\_

My job will include driving a vehicle. yes \_\_\_\_\_ no \_\_\_\_\_

Current or Last Known Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City
State
Zip

I am enrolled in the Oregon Child Care Criminal History Registry yes \_\_\_\_\_ no \_\_\_\_\_ Year applied \_\_\_\_\_ Number \_\_\_\_\_

I understand the above information will be used to search my background, specifically any criminal activity, which may prohibit employment.

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

## VOLUNTEER & PAID STAFF VOLUNTARY SELF-IDENTIFICATION SURVEY

Applicants and employees of the YMCA of Douglas County are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status, age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process. We are an equal opportunity employer.

As an employer, the YMCA complies with government regulations and equal employment/affirmative action responsibilities. This form will be used solely to help us comply with recordkeeping, reporting and other legal requirements. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from personnel files. When reported, data will not identify any specific individual.

### YOUR COOPERATION IS VOLUNTARY

I respectfully decline to complete the information being requested below. \_\_\_\_\_Initials

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Last Name:	First:
Date:	Position Applied For:

Paid Employee                       Volunteer

Gender:     Male                       Female

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

Black or African American – A person having origins in any of the Black racial groups of Africa

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Two or More Races - All persons who identify with more than one of the above five races

Signature

  

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