



APPLICATION FOR VOLUNTEER COACHING

DATE OF APPLICATION:

NAME:

SOCIAL SECURITY #:

MAILING ADDRESS:

CITY, STATE & ZIP:

PHONE #:

CELL #:

EMAIL:

D.O.B.:

DRIVERS LICENSE #/CLASS:

STATE:

COACHING POSITION DESIRED:

☐

Head Coach

☐

Assistant Coach

WHAT SPORT EVENT ARE YOU VOLUNTEERING FOR?

☐

Flag Football

☐

Soccer

☐

Basketball

☐

Football

☐

Youth Softball

☐

Volleyball

☐

Other

I authorize the City of San Juan to conduct a Criminal Background Check on me and understand that certain resulting information acquired may prohibit me from coaching in this league.

Signature: _____

Note: *If you are not willing to sign this statement, please do not proceed further with this application.*

COACHING EXPERIENCE & YEARS:

WHAT ORGANIZATION?

WHERE?

HAVE YOU EVER RECEIVED FORMAL TRAINING IN THE FOLLOWING?

A. Child Abuse Prevention

☐

Yes

☐

No

B. First Aid

☐

Yes

☐

No

C. CPR

☐

Yes

☐

No

DESCRIBE YOUR CURRENT JOB:

LIST YOUR NORMAL WORK HOURS/DAYS:

WHY DO YOU WANT TO WORK WITH CHILDREN?

HAVE YOU EVER BEEN CONVICTED OF CHILD MOLESTATION, ABUSE OR NEGLECT? IF YES, PLEASE DESCRIBE IN DETAIL.

HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME? IF YES, PLEASE DESCRIBE IN DETAIL AND PROVIDE THE DISPOSITION.

I certify to the best of my knowledge, that all information provided above is true, correct and complete. Any false information provided will automatically disqualify me from volunteering with the City of San Juan. I also acknowledge that a clear, color copy of my driver's license and social security card are attached with this application.

Signature of Applicant

Print Name

Date

For Parks and Recreation Use Only

Team Interested in Coaching: _____ or

Child Interested in Coaching: _____

Rev. 10/2011

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](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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 (optional)

Date

CITY OF SAN JUAN

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	