

Killeen Parks & Recreation Volunteer Coaches' Form



Killeen Community Center 2201 E. Veterans Memorial Blvd. Killeen, TX 76541 Phone: 254-501-8889 Fax: 254-526-9210 Office Hours: Mon-Fri 8 am – 5pm	Family Recreation Center 1700-A E. Stan Schlueter Loop Killeen, TX 76542 Phone: 254-501-6391 Fax: 254-501-6388 Office Hours: Mon-Fri 5am – 10pm, Sat 7am – 8pm
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- SPORT: Co-Ed Flag Football Co-Ed Soccer Co-Ed T-Ball
- Boys' Coach Pitch Boys' Machine Pitch Boys' Minor League Baseball Boys' Major League Baseball
- Girls' Coach Pitch Girls' Machine Pitch Girls' Softball Girls' Basketball Girls' Volleyball

PERSONAL INFORMATION (PLEASE PRINT)

Last Name			First Name			MI		
Mailing Address						City, State		Zip Code
Home Phone			Work Phone			E-Mail		
Shirt Size: <input type="checkbox"/> Adult SM <input type="checkbox"/> Adult MD <input type="checkbox"/> Adult LG <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/> Adult 4XL								

BACKGROUND INFORMATION (PLEASE PRINT)

Date of Birth _____ / _____ / _____	PLEASE CIRCLE ONE:
Driver's License # _____ State _____	Sex: Male Female
SSN # _____ - _____ - _____	Race: Black White Other

Do you have a child in the league? <i>(please circle one)</i> YES or NO If yes: Name of Child _____ Child's age _____ Child's school _____	Do you have coaching experience in this sport? <i>(please circle one)</i> YES or NO If yes, how many years of experience? Less than 1 1-3 More than 3
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Coaches' Notes: _____

I understand that having signed up to become a volunteer coach, I have taken on a number of responsibilities, which include:

- To keep the best interest of the children in mind.
- To promote fair play and to emphasize sportsmanship for everyone associated with my team.
- To keep my team (players & parents) informed of the league policies and league information.
- To keep up with all equipment and uniforms issued to my team and to turn it in at the end of the season.
- To keep safety first in all practices and games.

Failure to uphold these and other responsibilities given to a coach may result in my removal from the team and from coaching in any other Killeen Parks and Recreation leagues.

Signature Date

OFFICE USE ONLY

TEAM: _____

LEAGUE: _____

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency and the Volunteer Center to perform the criminal background search. REQUIRED WORDING FOR THE CONSENT FORM FOLLOWS.

I HEREBY GIVE MY PERMISSION FOR THE CITY OF KILLEEN TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY THE CITY OF KILLEEN AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS AND HOLD THEM HARMLESS FROM AND AGAINST ANY AND ALL COURSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER (INCLUDING CLAIMS FOR THE NEGLIGENCE, CROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF THE VOLUNTEER CENTERS OF ROUND ROCK AND DALLAS COUNTY), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME