

City of Kirkland
Park and Community Services Department
Youth Basketball Volunteer Coaching Position

Thank you for applying to be a volunteer Youth Basketball Coach with the City of Kirkland Parks and Community Services. We appreciate your willingness to assist us with the operation of this program. Please understand that submitting your application DOES NOT guarantee a coaching position. We conduct a background and criminal history check to determine which candidates are the best fit for the program.

Please return the completed forms promptly by **MAILING** to, scan or fax will NOT BE accepted:

Mail Application to:

Peter Kirk Community Center
Att: Loni Rotter
352 Kirkland Ave
Kirkland, WA 98033

We handle applications on a first-come, first-serve basis. The earlier you return the forms, the faster we can process them. T-shirt size requests will only be considered until October 31st.

After the forms have been processed, the League Coordinator / Assistant will contact you directly to speak about the volunteer coaching position for the season.

League Meeting- November 19th from 9:30am to 10:30am at Peter Kirk Community Center.

On-Line Training- Coaches will have the opportunity to recertify NYSCA Coaching Certification at the coaches meeting. **Coaches who are not yet certified will be enrolled in an online training by Kelsey Hayes and emailed information on how to complete the training.** All coaches and assistant coaches must be NYSCA certified by the first week of practice, Monday, November 28th. Once Additional youth basketball information can be found at www.kirklandwa.gov/youthbasketball

Kirkland Parks and Community Services

2016-2017 Youth Basketball Program

Volunteer Coach Application

Submitting this application does not guarantee a coaching position. Thank you for your willingness to help.

Name: _____ T-Shirt Size: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address (required): _____

If you have a Child in the Program what is his/her full name and grade: _____

Interested in coaching what grade: (circle one) 3 4 5 6 For what school? _____

Interested in coaching: (circle one) males females

Have you completed the National Alliance Youth Coach Certification Program with KPCS? (circle one) YES NO

Interested In (circle one): Head Coach Assistant Coach

Preference of the day and time you prefer to coach: (Please complete below)

Example:				
1st Day Choice:	Monday	1st Time Choice:	5pm	2nd Time Choice: 6pm Location: Peter Kirk
1 st Day Choice:		1 st Time Choice:		2 nd Time Choice: Location:
2 nd Day Choice:		1 st Time Choice:		2 nd Time Choice: Location:
3 rd Day Choice:		1 st Time Choice:		2 nd Time Choice: Location:

Please be advised that typically 3rd and 4th grade teams practice at 6pm and 7pm and 5th and 6th grade team teams practice at 7pm and 8pm. Also, some schools offer only one or two nights for the entire league. Please be flexible by providing several different weeknights and locations you are available to coach. Please submit this application as soon as possible and the league coordinator will contact you.

Signature: _____ Date: _____



**REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ACT ABUSE INFORMATION ACT
RCW 43.43.831 THROUGH 43.83.845**

Date Stamp Records Check

REQUESTING AGENCY INFORMATION
(to be completed by Human Resources):

City of Kirkland, Human Resources Department

Agency Name _____ Check performed by _____

REQUESTING AGENCY INFORMATION (to be completed by requestor):

Name of requestor _____ Supervisor (of applicant) _____

Title of position applicant is seeking _____ Department _____

Type of application: Employment Volunteer Independent Contractor Other _____

APPLICANT INFORMATION: Please write clearly – all information is mandatory.

Applicant Last _____ First _____ Middle Name _____

Alias/Maiden Name(s) _____

Date of Birth mo/day/year _____ Social Security Number _____ Sex _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Applicant Signature _____ Date _____

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the **Washington State Patrol Criminal History Section**.

Additional background fingerprint-based checks will be run with **WACIC/NCIC** if deemed necessary to obtain the appropriate clearance for the position for which you are applying.

Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.

DISCLOSURE STATEMENT

Pursuant to the requirements of RCW-43.43.830-840, we must ask you to complete the following disclosure statement. All questions must be answered to be considered for employment. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or any other persons:

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated Murder | <input type="checkbox"/> | <input type="checkbox"/> | Kidnapping First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Arson First degree | <input type="checkbox"/> | <input type="checkbox"/> | Malicious Harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Manslaughter First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault Fourth degree (Simple Assault) | <input type="checkbox"/> | <input type="checkbox"/> | Murder First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault on a Child, First, Second, or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | Burglary First degree | <input type="checkbox"/> | <input type="checkbox"/> | Promoting Pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Abandonment | <input type="checkbox"/> | <input type="checkbox"/> | Promoting Prostitution First degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Buying or Selling | <input type="checkbox"/> | <input type="checkbox"/> | Rape First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Molestation First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Rape of a Child First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a Minor | <input type="checkbox"/> | <input type="checkbox"/> | Robbery First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Crimes Related to Drugs as Defined in RCW 43.43.830 | <input type="checkbox"/> | <input type="checkbox"/> | Selling or Distributing Erotic Material to a Minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal Abandonment | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Exploitation of Minors |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal Mistreatment First or Second degree | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Misconduct with a Minor First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial Assault | <input type="checkbox"/> | <input type="checkbox"/> | Theft First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial Interference First or Second degree | <input type="checkbox"/> | <input type="checkbox"/> | Unlawful Imprisonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Extortion First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Vehicular Homicide (Negligent Homicide) |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony Indecent Exposure | <input type="checkbox"/> | <input type="checkbox"/> | Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed or that is equivalent in any state |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent Liberties | | | |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed and the location of the court/jursidiction (use back of page if necessary).

1. Have you ever been found in a:
- (a) Dependency action to have neglected or sexually assaulted/abused or exploited any minor or adult person or to have physically abused any minor? Yes No
 - (b) Domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
 - (c) Disciplinary board final decision to have neglected or sexually or physically abused or exploited any minor or adult person? Yes No
 - (d) Court or state licensing board action to have neglected or sexually abused or exploited any minor or adult person? Yes No
 - (e) Disciplinary board final decision to have abused or financially exploited any person 60 years or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No
 - (f) Protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself who is a patient in a state hospital? Yes No

- 2. Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? Yes No
- 3. Has a court issued any order of protection against you for abuse or exploitation? Yes No
- 4. Have you ever had a license to care for children or adults denied, revoked or suspended Yes No

If your answer is "yes" to any questions of 1 through 4 previous, please describe and provide the date(s) of the finding(s), the penalty(ies) imposed and the location of the court/jursidiction (use back of page if necessary).

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- First, Second or Third degree Extortion
 - First, Second or Third degree Theft
 - First or Second degree Robbery
 - Forgery
 - Or any of these crimes as they may have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed and the location of the court/jursidiction (use back of page if necessary).

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol and other criminal history reporting agencies.

Signature: _____

Name (print): _____

Date: _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the Background Check response within ten days after we receive the report if any employment decisions are the result of an unsatisfactory report. We will make a copy of the report available to you upon your request.



City of Kirkland

ON-GOING VOLUNTEER SERVICE AGREEMENT

I, _____ (please print volunteer's name clearly) hereby agree to volunteer my services to the City of Kirkland. I will abide by all City Volunteer program policies, as listed in the Volunteer Handbook. Any work product I create as a City volunteer will be considered property of the City.

I agree to participate in the City of Kirkland new volunteer orientation and any job training required.

I acknowledge that I am a representative of the City of Kirkland and will, therefore, dress and conduct myself appropriately. I agree to contact my Volunteer Assignment Coordinator in the event that I am ill or have an unforeseen conflict at the time I am scheduled to volunteer.

I understand that some information obtained during the course of my volunteer work is to be considered confidential. Under no circumstances will I disclose any confidential information obtained in the course of my duties to anyone unless I am authorized to do so.

The City has comprehensive general liability coverage through Washington Cities Insurance Authority. Volunteers working within the scope of their assignment and on behalf of the City have liability coverage as provided under the WCIA Coverage Document.

Should an injury occur during the scope of my service, I understand that:

1. The city has included my hours of volunteer service, as reported by me quarterly on my timesheet, in the State Labor and Industries medical coverage for volunteer workers.
Parents: Because Labor and Industries does not cover those under the age of 14, if your child is under the age of 14 and is injured while volunteering, your own personal medical insurance will provide coverage
2. I understand that I am to report any on-the-job injury or illness, no matter how minor, to my Volunteer Assignment Coordinator.

I am fully aware that the work associated with being a City volunteer involves certain risks. Knowing this, I agree to hold the City of Kirkland and their officials, employees, and other associated parties harmless from all claims arising out of, or in any way connected to, my volunteer duties.

The City does not provide coverage for damage to or loss of personal equipment. Equipment provided by or owned by the City is covered if damaged or lost.

I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

This agreement will be in effect for the duration of my volunteer services, beginning this date:

_____, 20_____

Volunteer Signature

Parent/Guardian Signature (If volunteer is a minor)