

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:

**Peter Kirk Community Center
Attn: 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 16th.

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

Once you have been selected to coach you must attend a mandatory coaches meeting/training on October 29, 2011 from 8am to 12pm at Peter Kirk Community Center. From 8-9:30am will be a mandatory coach's orientation and from 9:30-12:00pm will be coaches NAYS certification. If you wish to re-certify or take the NAYS portion on your own time, at your own expense, please visit www.nays.org/nyscaonline/. All coaches and assistant coaches must be NAYS certified by the first day of practice. Please register for the coaches training by calling 587-3333. Additional youth basketball information can be found at www.kirklandwa.gov/youthbasketball.

Kirkland Parks and Community Services

2011-2012 Youth Basketball Program

Volunteer Assistant 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 her/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

Signature: _____ Date: _____



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.

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 any 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)



**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):

Loni Potter _____ Name of requestor
Kelsey Hayes _____ Supervisor (of applicant)

Youth Basketball Coach _____ Title of position applicant is seeking
Parks - PKCC _____ Department

Type of application: Employment Volunteer Independent Contractor Other _____

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

Applicant Last _____ First _____ Middle Name or Initial _____

Alias/Maiden Name(s) _____

_____/_____/_____
 Date of Birth mo/day/year _____ Sex _____

Address _____ 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.

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/jurisdiction (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"/> |
| First, Second or Third degree Extortion | | First, Second or Third degree Theft | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First or Second degree Robbery | | Forgery | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 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/jurisdiction (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.