

***A COMPLETED PACKET IS REQUIRED FOR FIRST TIME KIRKLAND PEE WEE SOCCER COACHES. ALL OTHER RETURNING COACHES, CONTACT LEAGUE COORDINATOR DIRECTLY.***

Thank you for applying for a volunteer Pee Wee Soccer coach position with the City of Kirkland Parks and Community Services Department. Please note that the submission of your application DOES NOT guarantee a coaching position. Please return the completed forms promptly. We handle applications on a first-come, first-serve basis. The earlier you return the forms, the quicker we can process them.

**Please return original forms to the North Kirkland Community Center: 12421 103<sup>rd</sup> Ave NE, Kirkland WA 98034**

**Unfortunately, emailed copies are no longer accepted.**

After the forms have been processed, the League Coordinator will contact you directly to speak about the position in detail. If you have any questions during this process, please contact NeSha Thomas-Schadt at 425-587-3331 or [nthomas@kirklandwa.gov](mailto:nthomas@kirklandwa.gov)

# VOLUNTEER CHECK LIST

**APPLICANT NAME:** \_\_\_\_\_

**PLEASE RETURN THE FOLLOWING PAGES. PLEASE KEEP THE HANDBOOK.**

\_\_\_\_\_ Code of Ethics: **Sign**

\_\_\_\_\_ Volunteer Statement: **Sign**

\_\_\_\_\_ On-going Volunteer Service Agreement: **complete and sign**

\_\_\_\_\_ Personal Information Sheet: **complete**

\_\_\_\_\_ Disclosure Statement: **complete and sign**

\_\_\_\_\_ Request for Criminal History Form: **complete and sign**

\_\_\_\_\_ Background Check \_\_\_\_\_date cleared **(official use only)**

**CITY OF KIRKLAND  
PARKS and COMMUNITY SERVICES DEPT.  
VOLUNTEER COACHES INFORMATION SHEET**

**NAME:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**AGE DIVISION AND LOCATION REGISTERED FOR:** \_\_\_\_\_

**NAME OF PREFERRED CO-COACH (if applicable):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE (will be noted on soccer schedule):** \_\_\_\_\_

**EMAIL ADDRESS (will be noted on schedule):** \_\_\_\_\_

**EXPERIENCE WORKING WITH OR COACHING CHILDREN:** \_\_\_\_\_

\_\_\_\_\_

**PRIOR COACHING EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

**PRIOR PLAYING EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

## CITY OF KIRKLAND PARKS & COMMUNITY SERVICES DEPARTMENT

**THIS VOLUNTEER STATEMENT** serves as a means to make a physical and mental commitment to the below listed project. The CITY appreciates and supports volunteer involvement throughout the CITY and community. By coming forth as a volunteer, the person is truly a remarkable individual, an asset to the community.

This CONTRACT is made and entered into by and between the “CITY”, and \_\_\_\_\_ hereinafter referred to as the “VOLUNTEER”.

**PROGRAM or PROJECT DESCRIPTION:** The VOLUNTEER project is described as:

- Pee Wee Soccer League Coach

**VOLUNTEER OBLIGATIONS:** The VOLUNTEER has agreed to:

- Provide instruction and to positively coach young athletes

**CITY OBLIGATIONS:** The CITY has agreed to:

- Provide a safe atmosphere for youth to learn the game of soccer

**PROGRAM OR PROJECT DURATION:** The project will start in **fall and/or spring** seasons. An outline of the project schedule, developed by the VOLUNTEER and Program Manager, is attached showing key dates and goals.

**PROGRAM OR PROJECT COMPLETION OR TERMINATION:** The VOLUNTEER has committed to complete the project from start to finish in 45 number of calendar days. Although the CITY does not wish to discourage participation, many projects have time frames in which they must be completed. If the project is not actively managed by the VOLUNTEER to show good faith progress, the project may be canceled by the CITY, and reassigned to another willing VOLUNTEER.

**ACKNOWLEDGMENTS:** By signing below, the VOLUNTEER and CITY become a special team, committed to completing a community project which will make Kirkland a better place to live, work and play. Both parties committed to the successful completion of this worthwhile project.

VOLUNTEER

CITY (Project Manager)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CITY OF KIRKLAND  
PARKS and COMMUNITY SERVICES DEPARTMENT**

***CODE OF ETHICS***

I hereby pledge my positive support, care and encouragement to all children participating in Kirkland Youth Sports by observing the following pledge:

- As a coach of this team, I verify that only individuals who have legal guardian signatures and whose names and signatures appear on the Release of Liability Form will be permitted to participate.
- I encourage good sportsmanship.
- I will strive to always be a positive role model, remembering that the children I am coaching are learning as much from my actions as my verbal instructions.
- I will strive to always be positive in my coaching instruction, remembering to be constructive in my criticism.
- I will address all fellow coaches and Parks staff in a composed, respectful manner.
- I will do my utmost to ensure that good sportsmanship is understood and enforced among the parents and spectators at our games and practices.
- I will communicate any disciplinary problems, player’s injuries or any other potential problems affecting my team to the league director immediately.
- Although I may not see everything exactly as they do, I will accept the decision of the league officials with appropriate respect and never question their honesty.
- I will remember that the game is for children and not adults.
- I will do my very best to make all youth sports fun for all participants.
- I understand that the City of Kirkland promotes an alcohol, tobacco and smoke free environment. I will not wear clothing that promotes tobacco or alcohol products and will abstain from use of tobacco or alcohol at any Parks facilities.

I, \_\_\_\_\_, have read the aforementioned and promise to do my utmost to fulfill the goals and objectives set forth for the City of Kirkland. Failure to abide by these codes of conduct may result in removal from the program.

Signed: \_\_\_\_\_ 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. 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 assignment 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 Supervisor 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. I understand that any information provided in the volunteer application process, and emails sent or received by City employees and volunteers, will constitute a public record and may be subject to disclosure under the Public Records Act (RCW 42.56).

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 Supervisor.

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.

**The City may send me email announcements of additional Kirkland and/or City-sponsored event volunteer opportunities. I can choose to opt out of receiving such emails by checking this box...  Opt out**

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\_\_\_\_  
Date

\_\_\_\_\_  
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):**

NeSha Thomas-Schadt NeSha Thomas-Schadt

Name of requestor Supervisor (of applicant)

Volunteer Coach Parks and Community Services

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