



**Dear Volunteer Coach,**

Thank you so much for considering signing up with Spokane Parks and Recreation- Athletics Department to be one of our NFL Youth Flag Football Coaches Our program relies on committed people like you from our community to provide a positive youth sport experience to our participants.

If you sign up to be a volunteer coach we are counting on you to fulfill this commitment as it allows us to provide a quality experience for our customers. Participants can always request coaches and I will always do my best to make those request happen, If you know of anyone who is wanting to be on your team have them request you when they register. Please view our SPRD-Athletics Youth Flag Football Information and Welcome page for more information related to the league itself.

In order to prepare for our season we will have a mandatory coaches meeting that will be held on **June 1st** at **6pm**. There will also be a parent meeting on **May 31<sup>st</sup>** at **6pm** At this meeting I will discuss with the parents important information about the league and things that we need to have in order for their child to participate and you will be able to meet your parents and players.

Through this volunteering experience, you have the unique opportunity to make a positive difference in the lives of the young participants in our program. It is important to stay upbeat and leave your life stresses behind. Your attitude can set the tone for the entire activity.

In addition to the benefits you will be providing others, you most likely will grow from the volunteer experience.

I look forward to having you as a Volunteer Coach! And thanks in advance for enhancing our program.

Sincerely,

Carissa Ware

SPRD Recreation Assistant  
509.625.6208  
cware@spokanecity.org





**ATHLETICS VOLUNTEER APPLICATION**



**THIS VOLUNTEER IS:**

Under 18 (Parent Signature Required) \_\_\_\_\_ An Adult 18+ years of age

**VOLUNTEER INFORMATION:**

Volunteer Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Contact: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Goal or purpose of your volunteer service:**

Grade / Division / Sport requesting to coach: \_\_\_\_\_

Are you volunteering to coach your child's team? (please circle) Yes No

**Emergency Contact:**

**Accommodations:**

Name: \_\_\_\_\_

Do you have any medical conditions or disability that we need to be aware of to make an appropriate placement? Yes No  
If yes, what accommodation(s) is requested?

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

1. What experience do you have working with children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the sports that you have coached and/or participated in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List any formal training you have received in coaching/teaching:

\_\_\_\_\_  
\_\_\_\_\_

4. List any formal training you have received in first aid:

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For further information regarding the Volunteer Coaching Program  
please contact Adriano Eva, City of Spokane Parks and Recreation  
808 W. Spokane Falls Blvd. Spokane, WA 99201  
509.625.6625 / aeva@spokanecity.org  
spokaneparks.org /sports

**CITY OF SPOKANE VOLUNTEER**  
**WAIVER AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, have requested that I be allowed to volunteer for the City of Spokane. In consideration of the experience and benefits I will gain from this volunteer experience, I, for myself, my child(ren), my successor, martial community, heirs, assigns, executors and administrators:

ACKNOWLEDGE that volunteering is inherently dangerous, and agree that before volunteering, I will inspect the facilities, equipment, areas, and work to be done and if I believe any of it is unsafe, I will immediately advise the person in charge. I fully understand that participating in this volunteering activity is a test of my physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, road conditions, facilities, temperature, weather, vehicular traffic, the actions or inaction of the City of Spokane, its agents, officers, employees and others;

ASSUME any and all risks of personal injuries to me including medical bills, permanent or partial disability, death and damage to my property arising from my participation in this volunteering activity.

PROMISE not to sue or present a claim for personal injury, property damage or wrongful death against the City of Spokane, its officers, employees and agents attributable to my participation in this volunteering activity.

RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND RELINQUISH the City of Spokane, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from my participation in this volunteering activity.

THIS DOCUMENT RELIEVES THE CITY OF SPOKANE FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

**CHILD AND ADULT ABUSE INFORMATION DISCLOSURE FORM**

The job for which you have applied may require unsupervised access to children under 16 years of age, to vulnerable adults or to developmentally disabled persons. The City will request from the Washington State Patrol information relative to any convictions you may have had of offenses against persons, adjudications of child abuse or disciplinary board final decisions.

“Crime against children or other persons” means a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

“Crime relating to financial exploitation” means a conviction of any of the following offenses, if the victim was a vulnerable adult: 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 be renamed in the future.

“Crime relating to drugs” means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

We are also required to ask you the following questions:

1. Have you ever been convicted of any of the above-defined crimes? If so, which? \_\_\_\_\_
2. Have you ever been found, under RCW 13.34.020(2)(b), to have sexually assaulted, exploited or physically abused any minor? \_\_\_\_\_
3. Have you ever been found by a court, in a domestic relations proceeding, under Title 26 RCW, to have sexually abused, exploited or physically abused a minor? \_\_\_\_\_
4. Have you ever been found, in any disciplinary board final decision, to have sexually abused, exploited or physically abused a minor? \_\_\_\_\_

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**I SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ON THIS DISCLOSURE FORM HAVE BEEN MADE BY ME AND ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver’s License number


You will be notified of our receipt of the State Patrol’s response. This information shall be used only in making the initial employment decision and will not be further disseminated.

# WASHINGTON STATE PATROL



Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>CITY OF SPOKANE</p> <p>Agency PARKS AND RECREATION</p> <p>Attn 808 W. SPOKANE FALLS BLVD.</p> <p>Address SPOKANE, WA 99201</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p> 12-2-09 Authorized Signature Date</p> <p>DIRECTOR, PARKS &amp; RECREATION (509) 625-6200 Title Area Code/Phone Number</p>	<p><b>B PURPOSE</b></p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b></p> <p>_____ Notarized Letter(s)</p>
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant Right Thumb Print (Optional)

\_\_\_\_\_