



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 **May 24th** at **6pm**. There will also be a parent meeting on **May 29th** 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

Recreation Supervisor
Youth Programs
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



VOLUNTEER EXPECTATIONS

As a volunteer of the City of Spokane Parks & Recreation, it is expected that you:

- Remember that **SAFETY** is of utmost importance. All equipment, activities and program areas must be presented and maintained in a safe, secure manner. Be proactive with potentially dangerous situations and be aware of your surroundings.
- Maintain a cheerful and friendly attitude. Be active and willing to interact with the participants, staff and parents at all times.
- Be a team player. Take the initiative to help, assist or share information with other volunteers and program staff as needed.
- Volunteers are not permitted to administer any form of first aid procedures. If a first aid situation occurs please alert the program staff immediately. (If a volunteer is current with their First Aid/CPR, a copy of the certification must be on file to administer first aid of any kind.)
- Volunteers are never to be alone with participants.
- Communicate with program supervisor when you can volunteer and if you are unable to volunteer a scheduled day please call the Recreation Office at 498-9250 as soon as possible.
- Absolutely no physical contact with any participant (high fives are ok).
- There is to be no alcohol, drug or tobacco use during or before volunteer hours.
- No suggestive talk, flirting and swearing.
- Please, no personal cell phone use by volunteers unless it's an emergency.
- If you want to help at programs beyond your scheduled hours please get pre approval by the Coordinator and/or Director.
- No friends stopping by to see you at work unless pre-approved by Coordinator and/or Director.
- Do not advocate for any personal, political or religious views.
- Remember, your conduct and attitude on and off the site reflects on our program. You must act as a positive adult role model with participants and other volunteers.

Volunteer Duties:

- Know and understand all program policies, procedures, rules and philosophies.
- Keep track of volunteer hours and submit to program supervisor.
- Assist in supervising volunteers and participants.
- Demonstrate and maintain a cheerful and positive attitude and create a supportive environment for youth, co-workers and parent/guardians alike.
- Provide consistent enforcement of program rules and consequences. Follow the same rules as the participants.

- Take a proactive and positive approach towards addressing problems and issues. If you are unclear about something, ask questions to be sure you receive accurate information.
- Communicate with supervisors, recreation office, parents, school staff and recreation staff alike.
- Keep facility and supplies in good order and condition. Report any/all facility problems or broken equipment to your site supervisor in a timely manner.
- Be willing to recognize your own limitations and ask for assistance from the Site Supervisor, Coordinator and/or Director.
- At no time should you take your eyes off your group of participants.

My signature acknowledges that I understand the volunteer expectations and duties outlined.

Printed Name _____ Date _____

Signature _____



Coaches Code of Ethics

I hereby pledge to live up to my certification as an NYSCA member coach by following the NYSCA Coaches' Code of Ethics.

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

I hereby pledge to adhere to the NYSCA Coaches Code of Ethics and fully understand if I do not uphold them I will be held accountable for my behavior, leading up to revocation of my membership, as outlined in the Accountability and Enforcement Policies enforced by the local chapter of the National Alliance for Youth Sports.

Coach Signature

Date

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? _____

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>A REQUESTING AGENCY/ADDRESS</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</p> <p>Authorized Signature Date</p> <p>DIRECTOR, PARKS & RECREATION (509) 625-6200</p> <p>Title Area Code/Phone Number</p>	<p>B PURPOSE</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 & 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 Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</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)
