

P.O. Box 400  
Daphne, Al 36526

Daphne Parks & Recreation Department

PH(251) 621-3703  
Fax (251)621-3717

## ATHLETIC VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

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

Are you over 18 years of age?  YES  NO

Mailing Address: \_\_\_\_\_ AL \_\_\_\_\_  
STREET/P.O. BOX CITY ZIP

HM Phone: \_\_\_\_\_ WK Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Cell #: \_\_\_\_\_

VERY IMPORTANT - \*\*Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

If volunteer is under the age of 18, fill out the following:

Mother's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Recreation Department Program you would like to volunteer for: (Check One)

Youth Soccer  Dixie Boys Baseball  Girls Fastpitch Softball  Football  Cheerleading

Name of child you want to coach: \_\_\_\_\_ Age of child you will coach: \_\_\_\_\_

I would like to volunteer as a:  Coach  Asst. Coach

SHIRT SIZE:  Small  Medium  Large  Xlarge  XXLarge  XXXLarge

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

What is your experience in athletics as a player or coach: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

In consideration of the submission of my volunteer application, I the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby release and discharge the City of Daphne and their officials and employees, other contributors, and volunteers of all claims of damages, demands, or actions whatsoever in any matter arising or growing out of my volunteer participation in the City of Daphne Recreation Programs, including travel to and from. I hereby certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand that, if at any time I display conduct that is deemed detrimental to the youth participants, league, Daphne Recreation Department or the City of Daphne, I will be dismissed from my position as a volunteer. I understand that the Daphne Recreation Department Youth Athletic Program is based upon the fundamentals of fun play, fair play and skill development and I will uphold these fundamentals to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE SEE BACKGROUND SCREENING INFORMATION ON SECOND PAGE.

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## DAPHNE PARKS & RECREATION COACHES BACKGROUND SCREENING

Convictions for the following crimes will prompt a determination that an applicant “does not meet” the criteria to serve as a youth-serving organization.

1. Any felony (any crime punishable by confinement greater than one year).
  - a. Defined on the basis of exposure for the offense for which the defendant was convicted, pled guilty or pled nolo contendere. If pled down, then the crime to which the defendant ultimately pled.
  - b. Defined as all crimes punishable by greater than one year in jail or prison, regardless of how characterized by jurisdiction. If range, alternate sentencing, or indeterminate sentencing, outer range > one year.
2. Any lesser crime involving force or threat of force against a person.
3. Any lesser crime in which sexual relations is an element, including “victimless” crimes of a sexual nature (including pornography).
4. Any lesser crime involving controlled substances within five years.
5. Any lesser crime involving “DUI” within five years.

No volunteer coach shall provide transportation for any participants without the signed authorization from the participant’s legal parent or guardian.

No activity (practice, games, team party, etc) can take place on city facilities without an approved manager/coach in attendance.

**PLEASE COMPLETE OPPOSITE SIDE AND  
RETURN WITH VOLUNTEER APPLICATION!!!**

## Background Investigation Release Form

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act requirements. I release from liability the company I have made application with, and its representative for gathering and using such information. I fully release the person or entity provide the information of any right or claim of confidentiality concerning disclosure of the information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Previous incidents of alleged sexual or racial harassment; (4) Previous incidents of violent behavior and/or suspected dishonest acts; (5) Results of previous drug testing within the past two years if positive for illegal substances; (6) Social Security Number verification. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### APPLICANT INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Drivers License

\_\_\_\_\_  
State Issued

### SERVICES ORDERED:

Safety First

Safety First & Alabama

COMPANY NAME REQUESTING INFORMATION: City of Daphne

BRADLEY SCREENING  
5283 Vaughn Road  
Montgomery, AL 36116  
PH: (334) 272-3539  
FAX: (334) 272-7302