

**City of Perry Leisure Services
Volunteer Application**

Applying to Volunteer **SPORT**: Soccer, Track, T-Ball, Baseball, Basketball, Kickball, Football, Cheer, or Disc Golf
Position: **Head Coach**, Assistant Coach, Team Parent, Assist Any / **Name of Person or Team** _____

Name (First & Last) _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Email _____

Sex: Male _____ Female _____ Date of Birth _____ Your Child's: Name _____ & Age _____

Have you ever had any criminal charges of any kind? _____ If YES Explain _____

Why do you wish to coach? _____

How will you evaluate your success or failure as a coach? _____

What do you hope to gain personally by coaching? _____

Have you ever participated/coached this sport? _____ Explain/details _____

How familiar are you with the rules of this sport? _____ Our adaptive rules to this sport? _____

Our goal is to provide the community with recreation opportunities that enhance their physical, social and emotional well-being in a cost effective manner according to the needs of all citizens.

I hereby apply to be a volunteer for the City of Perry Leisure Service Department. I understand that it is a privilege to be a volunteer, NOT a right, and that my application to be a volunteer does NOT guarantee volunteer placement. Before being considered as a Potential volunteer, I understand that I must successfully pass the City's Criminal History Background Check. I will submit the required documentation as requested and in a timely manner. I understand that other criteria will be evaluated by the City to determine my ability to carry out volunteer duties and responsibilities. If I am selected to be a volunteer, I acknowledge and understand the following:

1. *I will not receive any financial compensation for my services; I will be responsible for my expenses*
2. *I will be responsible for transportation to and from all activities associated with my volunteer services*
3. *I will be an ambassador for the City, will adhere to the rules/policies/code of conduct set forth by the City, and will conduct myself professionally and with integrity at ALL times*
4. *I will adhere to the City's Code of Conduct at ALL times*
5. *I will accept responsibility for the risk of injury while performing volunteer duties*
6. *I attest that I am in sufficient good health and physical condition to undertake my volunteer service*
7. *I will dress appropriately for the duties to which I am assigned*
8. *I will demonstrate enthusiasm and commitment to my duties as a volunteer*
9. *I consent that my name, photograph, image and/or likeness may be used, in perpetuity, by the City for promotional and information purposes in print, on the City website, and in other media*
10. *I will not engage in profane, abusive, and/or threatening language and/or behavior as a volunteer*
11. *I will serve as an "at will" volunteer and understand I may be relieved of my volunteer duties at any time with or without cause by the City*
12. *City volunteers are required by law to report any suspicion of child abuse to the proper authorities. Failure to do so may result in criminal charges*
13. *I will adhere to all local, state, and federal laws and regulations while serving as a volunteer*

LIABILITY WAIVER AND RELEASE:

I release, discharge and hold harmless to the fullest extent permitted by law, the City of Perry, the City of Perry Leisure Services and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants, and agents from any and all claims, actions or causes of action of whatever kind and nature including claims for property damage, bodily injury or death, arising out of, or sustained as result of, my participation as a volunteer for the City of Perry.

Signature of Applicant

Date

**City of Perry Leisure Services
Coaches Code of Ethics**

I will remember the sport is for the children, NOT THE ADULT.

I will remember my players' physical well-being comes before any desire to win.

I will ensure that my playing situation is safe for the players along with being familiar with basic first aid principles.

I will treat each player as an individual, give them respect and remember all children develop at their own pace.

I will come to all practices and games prepared and organized for the appropriate age group I am coaching while making each challenging and fun.

I will be familiar with the rules of the sport I am coaching, in accordance with PLS rules, along with ensuring that all players understand and follow the rules.

I will remember that I am a role model and will conduct myself appropriately showing good sportsmanship with every loss or win.

I will have respect for myself, my coaching staff, all players, all game officials, all recreational staff employees, and spectators.

I have read and understand the statements list here and on the volunteer application. I also understand that I will be working with young people and will respect their various levels of development and maturity while remembering to keep the sport fun for the children. I understand that I must successfully pass the City's Criminal History Background Check and that other criteria will be evaluated by the City to determine my ability to carry out volunteer duties and responsibilities. I understand that coaching is a privilege not a right, that completing an application does not guarantee volunteer placement and Perry Leisure Services will notify me of any volunteer placement options.

I hereby pledge to abide by the Coaches' Code of Ethics along with all rules and regulations set forth by the City of Perry Leisure Services Department. I understand that volunteers are "at will" and may be relieved of volunteer duties at any time with or without cause by the City.

Print Name

Signature

Sport/Age Group

Team Name

**City of Perry
Perry Police Department
Criminal History Consent Form**

Criminal History Record

I hereby authorize Karan Taggart representing City of Perry
(Name of person to receive report) (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

Print Full Name Social Security Number

Street Address City State Zip

Sex Race Date of Birth

Signature Date
Reason for this report:
 Apartment Rental (Purpose Code E)
 Employment with mentally disabled (Purpose Code M)
 Employment with elder care (Purpose Code N)
 Employment with children (Purpose Code W)
 Employment with Criminal Justice agency (non-sworn) (Purpose code J)
 Other Employment (Purpose code Z)

Notary	
_____ Signature	_____ Date
My Commission Expires: _____	

PLEASE ATTACH COPY OF PHOTO I.D.

PERRY POLICE DEPARTMENT

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached,

Name: _____ Date: _____

SID Number _____

HEADS UP to Youth Sports Online Training

Coaching requirements in addition to completing the volunteer application and background check is to complete and present a copy of your HEADS UP online training certificate.

Go to the web site: <https://www.cdc.gov/headsup/youthsports/training/index.html>

Once connected to the site, on the right, click the Launch the Course tab above the computer screen. This tab will take you to the Login-Register page, here you create your account, take the course then print your certificate to bring in to the Perry Leisure Service Athletic Department.

Changing the Culture of Concussion Starts With You!

By taking this FREE, online course and using what you learn, you will be well positioned to improve the culture of concussion. Your actions can help create a safe environment for young athletes so that they can stay healthy, active, and thrive – both on and off the playing field.

Once you complete the training and quiz, you can **print out a certificate**, making it easy to show your league or school you are ready for the season.

What Will I Learn in This Training?

This course will help you:

Understand a concussion and the potential consequences of this injury,

Recognize concussion signs and symptoms and how to respond,

Learn about steps for returning to activity (play and school) after a concussion, and

Focus on prevention and preparedness to help keep athletes safe season-to-season.

We can help athletes stay active and healthy by knowing the facts about concussion and when it is safe for athletes to return to play.

What is needed to take this Training?

To complete this training course, you will need to use a computer, tablet, or smartphone with an internet connection. This training works best with a high-speed, broadband internet connection, as well as an up-to-date web browser and operating system. Older computers may crash while using the training. Please review the following system requirements for the best training experience:

For computer access

PC:

Compatible Operating System: Vista, Windows XP, Windows 7, 8, or 10

Web Browser: Internet Explorer 10 or higher, Firefox or Chrome (latest versions)

Mac:

Compatible Operating System: OS X (version 10.7 or higher)

Web Browser: Firefox, Chrome or Safari (latest versions)

For mobile access

iOS: version 7 or higher

Android: version 2.3 or higher

Closing or refreshing your browser while taking the training course will take you back to the beginning of the training.

However, your progress will be saved. You can return to your last completed session using the clipboard found in the top left-hand corner of your screen. You may also log out and log back in to the training at any time to continue your session.

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Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact and high contact surfaces. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Perry, Georgia (“City”) has put in place preventative measures to mitigate the spread of COVID-19; however, the City **cannot guarantee** that anyone you are legally responsible for or yourself will not become infected with COVID-19 by participating in a City sponsored activity or utilization of a City facility. Further, attending City sponsored activities could potentially increase risk of contracting COVID-19.

By signing this release, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that those I am legally responsible for and myself may be exposed to or infected with COVID-19 by attending City activities or utilization of City facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected with COVID-19 at City activities and utilization of City facilities may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to those I am legally responsible for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or the party I am responsible for may experience or incur in connection with mine or his/her participation in City activities or utilization of City facilities. On my behalf and on behalf of those I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City activity or utilization of a City facility.

I further agree to take all steps necessary to comply with the Executive and Emergency Orders issued by the World Health Organization, the Federal Government, the State of Georgia, and the City. I acknowledge that I and/or the party I am responsible for will practice the recommended guidelines, including but not limited to, social distancing of 6 feet or more, wearing a mask and/or gloves, and disinfecting and sanitizing hands.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIAIBILITY AS DESCRIBED ABOVE:

Name of Minor (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent to the terms and conditions of the release.

Signature: _____ Date: _____

Name (printed): _____