



2016-17 Youth Basketball League Volunteer Coach Application Process

All forms must be completed and returned to the Renton Community Center by October 15, 2016

City of Renton Vision

- Renton: Center of opportunity in the Puget Sound Region where businesses and families thrive.

City of Renton Mission

The City of Renton, in partnership with residents, businesses and schools is dedicated to:

- Providing a healthy welcoming atmosphere where citizens choose to live, raise families, and take pride in their community.
- Promoting planned growth and economic vitality.
- Creating a positive work environment.
- Meeting service demands through innovation and commitment to excellence.

Community Services Department Recreation Department Mission

- The Recreation Division of the Community Services Department promotes and supports a more livable community by providing opportunities for the public to participate in diverse recreational, cultural, athletic and aquatic programs and activities.

Recreation Division Youth Athletics Mission

Youth Athletics is dedicated to:

- Providing enjoyable recreation programs for children regardless of their athletic ability.
- Encourage children to have fun, learn new skills, and feel good about participating in youth sports.
- Developing self-esteem and good sportsmanship through meaningful and fair sports competition.
- Providing quality coaches, facilities and clearly defined standards.

Selection Criteria

The City of Renton Recreation Division will review all applicants based on the following criteria.

- Youth coaching philosophy.
- Youth coaching background and experience.
- Ability to be open and helpful in order to fulfill the Youth Athletics Mission.
- Completion and approval of FCRA background check.
- Submit completed application by stated deadline.
- Must be willing to complete concussion education program associated with the Lystedt Law.

Application Process

Completed application must be submitted by October 15, 2016

Complete the entire Volunteer Application Packet

- Complete City of Renton Volunteer Application.
- Complete Agreement for Non-Compensated Services.
- Complete Disclosure Notice and Authorization
- Complete City of Renton Background Questionnaire.

(Please note: your SS# and date of birth are required to complete the application)

If you have any questions, please call Donna Eken 425.430.6700 or deken@rentonwa.gov.

City of Renton Volunteer Application

2016-17 Renton Youth Basketball League Coaches Application- Due October 15, 2016

Personal Information

Name :(First)_____ (Last)_____

Address:_____ City/State/Zip:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Email (mandatory):_____

In case of emergency, please notify:

Name:_____ Relationship:_____

Home Phone:_____ Cell Phone:_____ Business Phone:_____

Volunteer Coaching Opportunities

Head Coach Assistant Coach I would like to coach with_____

School Child Attends:_____

(If you want to coach more than one child, please list all children and what levels you want to coach)

Child's Name:_____

Please check the box of the grade(s) you would like to coach.

Coed Grades: 1st 2nd

Girls Grades: 3rd / 4th 5th / 6th 7th / 8th

Boys Grades: 3rd 4th 5th 6th 7th / 8th 9th -12th

Philosophy & Experience:

Please describe your youth athletic coaching philosophy: Use back of form if needed.

Please describe in detail your youth athletic coaching experience: Use back of form if needed.

List two references, (not family) the City can contact, and their relationship to you (friend, employer, ect.)

Name:_____ Phone:_____ Relationship:_____

Address:_____ City/State/Zip:_____

Name:_____ Phone:_____ Relationship:_____

Address:_____ City/State/Zip:_____

Background Statement

By my signature, I authorize the City of Renton to perform a background check of my criminal record.

Applicant Signature:_____ Date:_____

Mail to: Renton Community Center 1715 SE Maple Valley Hwy. Renton WA 98057 Attn: Donna Eken

Background? Yes No
HR Approval for Placement? Yes No

Dept. for Placement: CS/Rec Div.
Date Approved By HR:_____



CITY OF RENTON
HUMAN RESOURCES AND RISK MANAGEMENT
AGREEMENT FOR NON-COMPENSATED SERVICES

This agreement is being entered into this _____ day of _____, 201_ by and between the *City of Renton*, a municipal corporation herein after referred to as CITY, and _____ herein after referred to as VOLUNTEER, in consideration of the mutual benefits, terms and conditions herein after specified.

PURPOSE

This agreement serves to delineate the responsibilities of the CITY in providing academic, work experience, and community service opportunities; and to create an understanding between the CITY and VOLUNTEER regarding the conditions associated with volunteer opportunities.

SCOPE OF SERVICES

The CITY and VOLUNTEER hereby agree that CITY shall provide non-compensated opportunities for community service, and/or work experience, to enable VOLUNTEER to satisfy academic requirements or gain practical work experience.

Description of Volunteer Service: (or name of project) Youth Basketball League Coach

⇒ This position: is / is not subject to a Background Check.

VOLUNTEER OR PROJECT SUPERVISOR SIGNATURE

LEGAL RELATIONSHIP

VOLUNTEER acknowledges and understands that this agreement shall not in any way constitute nor create an employer-employee relationship. CITY shall not be held liable for, nor shall VOLUNTEER be eligible for, any benefits or compensation as a result of this agreement; including but not limited to unemployment insurance, wages, or any other form of compensation.

INDEMNIFICATION AND RELEASE

CITY hereby indemnifies VOLUNTEER for all claims for damages that may result from the good faith performance of services delineated above. VOLUNTEER hereby indemnifies, holds harmless, and releases the CITY, its officers, agents, employees and volunteers from any and all claims or liabilities arising or in any way resulting from VOLUNTEER'S affiliation with CITY as a result of this agreement.

TERM OF AGREEMENT

The period of service shall extend from Nov. 2016 until March 2017 This agreement may be terminated upon the rendering of written, or verbal, notice by either party. Such termination shall take effect immediately unless so stipulated by the initiator of the termination.

***I GIVE MY PERMISSION FOR PHOTOS/VIDEO TAPES TO BE TAKEN, WITHOUT RECOMPENSE, DURING VOLUNTEER ACTIVITIES FOR PUBLICITY PURPOSES. I AM OVER AGE 18.**

SIGNATURE OF VOLUNTEER

DATE

PARENT/GUARDIAN WAIVER/RELEASE

I, _____, hereby represent that I am in fact the parent and /or legal guardian of the minor-aged VOLUNTEER named above and, as such, I give my permission for him/her to participate in CITY'S volunteer program as delineated above. I give permission for photos/video tapes to be taken of my child, without recompense, during volunteer activities, for publicity purposes. I further agree to save, release, hold harmless and indemnify CITY from any and all liability, loss, cost, claim or damage arising or resulting from VOLUNTEER'S affiliation with CITY as a result of this agreement.

*Relationship to minor (circle one): MOTHER FATHER LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

***I HAVE READ AND AGREE TO THE TERMS OF THIS AGREEMENT.**

SIGNATURE OF VOLUNTEER

DATE

VOLUNTEER OR PROJECT SUPERVISOR SIGNATURE

DATE

HUMAN RESOURCES & RISK MANAGEMENT DESIGNEE SIGNATURE

DATE

**FCRA Disclosure Notice and Authorization
Regarding Background Investigation Reports for
City of Renton, WA Volunteers**

Applicant's Legal Name (printed) _____

Disclosure

Information will be obtained on the above named applicant regarding the following.

- Criminal records, including open warrants and pending charges
- Sex offender registry search
- Address history
- Social security number trace

The background report that is provided to the City is provided in accordance with all state and federal laws. The report is obtained in connection with your application for and/or continued volunteer involvement with the City of Renton. The background report containing information noted above are governed by the Fair Credit Reporting Act (FCRA).

Your rights

Upon timely written request of the City of Renton, and within five days of the request, the name, address and phone number of the Consumer Reporting Agency (CRA) and the nature and scope of the report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the report, you will be provided a copy of the report, the name, address and telephone number of the CRA, and a summary of your rights under the FCRA.

Authorization

You hereby authorize and request, without reservation, the following establishments: police departments, CRAs, or any other persons or agencies who have knowledge about you to furnish the City of Renton and/or Alliance 2020 with any and all background information in their possession regarding you, in order that your volunteer qualifications may be evaluated.

Read, acknowledged and authorized.

Signature _____ Date _____

City of Renton Volunteer Background Questionnaire

Please Print Clearly and Provide All Information. You Must Sign and Date this Document.
Use Additional Sheets or the Back of this Form, if Required.

Volunteer Position You Are Applying For:					
Personal Information					
Last Name	First Name	Middle Name	SSN		
Phone No.	Driver's License No.	State of Issue	Date of Birth*		
List Any Other Names You Have Used					
Residential History, Last Two					
Current Street Address	City	State	Zip Code	County	
Former Street Address	City	State	Zip Code	County	From/To (Dates)
Criminal History. You MUST Answer Each of the Following Three Questions by Checking Yes or No**					
<input type="checkbox"/> Yes <input type="checkbox"/> No 1. Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you received an alternative adjudication for which the deferral period, parole, probation, or court supervision ended within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you have any open warrants or charges pending against you? <input type="checkbox"/> → If You Answered "Yes" to Any of These Three (3) Questions, Provide Details Below:					
County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition
County	City	State	Date	Charge	Disposition

*You are requested to provide your date of birth on this form. The date of birth is needed to verify an applicant's criminal and/or driving histories.
 **Conviction of a crime is not an absolute bar to volunteering. Factors such as the age of the offense, evidence of rehabilitation, seriousness of the violation, legislative restriction and relationship to the volunteer position are considered in all volunteer decisions.

Authorization, Release, Acknowledgement and Certification

I hereby authorize and request, without reservation, any present or former employer, school, police department, consumer reporting agencies, or any other persons or agencies having knowledge about me to furnish Alliance 2020 with any and all background information in their possession regarding me, in order that my volunteer qualifications may be evaluated. Furthermore, I release all parties mentioned above from any liability and responsibility for doing so.

I also authorize the procurement of a background report for the purpose of consideration for volunteering. This authorization, in its original form, fax or copy (mechanical or digital) shall be valid for this and all future background reports or updates that may be deemed necessary subsequent to an offer to become a volunteer and/or my acceptance of a volunteer position with this firm. I acknowledge that I have been provided a separate combined disclosure and authorization regarding background reports pursuant to the requirements of the Fair Credit Reporting Act (FCRA).

UNDER PENALTY OF PERJURY, I certify that the information I have provided above is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my placement is conditioned upon the receipt of a satisfactory background report from Alliance 2020.

Signature

Printed Name

Date