## **Denison Girls Softball Volunteer Coach Application (2020)**

Must be completed by <u>all</u> volunteers who have regular access to or repeated contact with athletes. A valid driver's license must be submitted with your application.

Please turn in application in person at City Hall (300 W Main St.) or email to Andrew and Tyler at: <a href="mailto:ameans@cityofdenison.com">ameans@cityofdenison.com</a> / <a href="mailto:tbark@cityofdenison.com">tbark@cityofdenison.com</a>

| What position are you applying Head Coach Assistant Coa          |             | Please Circle: Practice Helper | Dug Out I   | Mom/Dad |  |
|--|-------------|--------------------------------|-------------|---------|--|
| If coaching, what age group are you applying for? Please Circle: |             |                                |             |         |  |
| Lil Rookies (3-4)  | 6U (5-6)    |                                | 8U (7-8)    |         |  |
| 10U (9-10)   | 12U (11-12) |                                | 15U (13-15) |         |  |
| Personal Information:  |             |                                |             |         |  |
| Full Legal Name:   |             | Email:                         |             |         |  |
| Date of Birth:/  |             | Male:                          | Fem         | ale:    |  |
| Primary Phone Number:  |             | (Cell;                         | _Home;      | _Work)  |  |
| Secondary Phone Number:  |             | (Cell;                         | Home;       | Work)   |  |
| Current Address:   |             |                                |             |         |  |
| Street/ APT #  | Cit         | y .                            | State       | <br>Zip |  |
| Present Employer:  |             |                                |             |         |  |
| Name of Employer   |             | Name of Supervisor             |             |         |  |

**Position Title** 

| Questions:   |            |  |  |
|--|------------|--|--|
| Have you ever been convicted of a crime? If yes, please explain in the space provided  |            |  |  |
| Have you volunteered coached in a Denison Parks and Rec Youth League? If so, when a sport?   | nd what    |  |  |
| Have you ever volunteered coached in another youth sports league? If so, what league when?   | and        |  |  |
| Have you ever been refused as volunteer coach in a youth sports league? If yes, please   | explain.   |  |  |
| Do you have the time to commit to be being a volunteer coach? (There are many nights weekends)   | s and      |  |  |
| Consent/Release:   |            |  |  |
| I authorize and give consent for Denison Parks and Recreation and the City of Denison to obtain personal information.  | n my       |  |  |
| This includes but is no limited to employment records, employer references, criminal background checks, fingerprints, driving records, financial bankruptcy information, coaching experience, per references and addresses.  |            |  |  |
| I authorize this information to be obtained either in writing, via internet or telephone in connect my volunteer application.  | ction with |  |  |
| I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also un that regardless of my prior volunteer activities on behalf of other sports organizations, that this organization is not required to allow my continued participation. | nderstand  |  |  |
| I agree to hold harmless and indemnify from liability the sports organization and its directors, or employees and volunteers from all liability arising out of the use of the information that is unco the above referenced checks.  | 1.50       |  |  |
| Signature:          Date:  |            |  |  |

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

| I,, acknowledg   | e that a Computerized Criminal  |  |  |  |
|--|---|--|--|--|
| APPLICANT or EMPLOYEE NAME (Please print)  |   |  |  |  |
| History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website                |   |  |  |  |
| and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority for this agency |   |  |  |  |
| to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.               |   |  |  |  |
| Name-based information is not an exact search and only fingerprint record searches represent true                      |   |  |  |  |
| identification to criminal history, therefore the organization conducting the criminal history check is not            |   |  |  |  |
| allowed to discuss with me any criminal history record inform  | ation obtained using this method. The agency  |  |  |  |
| may request that I have a fingerprint search performed to clear a  | any misidentification based on the result of the  |  |  |  |
| name and DOB search. Once this process is completed the in   | formation on my fingerprint criminal history  |  |  |  |
| record may be discussed with me.   |   |  |  |  |
| In order to complete the process I must make an appointment  | nent with the Fingerprint Applicant Services of   |  |  |  |
| Texas (FAST) as instructed online at www.txdps.state.tx.us /   | Crime Records/Review of Personal Criminal   |  |  |  |
| History or by calling the DPS Program Vendor at 1-888-467-2080,  | submit a full and complete set of fingerprints,   |  |  |  |
|  |   |  |  |  |
| request a copy be sent to the agency listed below, and pay a   | fee of \$24.95 to the fingerprinting services   |  |  |  |
| request a copy be sent to the agency listed below, and pay a company.  | fee of \$24.95 to the fingerprinting services   |  |  |  |
|  |   |  |  |  |
| company.   |   |  |  |  |
| company.   | Required for future DPS Audits)   |  |  |  |
| (This copy must remain on file by your agency.   |   |  |  |  |
| (This copy must remain on file by your agency.   | Required for future DPS Audits)  Please:  |  |  |  |
| (This copy must remain on file by your agency.  Signature of Applicant or Employee                                     | Required for future DPS Audits)  Please: Check and Initial each Applicable Space  CCH Report Printed: |  |  |  |
| (This copy must remain on file by your agency.  Signature of Applicant or Employee                                     | Please: Check and Initial each Applicable Space  CCH Report Printed: YES NO initial                   |  |  |  |
| (This copy must remain on file by your agency.  Signature of Applicant or Employee  Date                               | Required for future DPS Audits)  Please: Check and Initial each Applicable Space  CCH Report Printed: |  |  |  |
| (This copy must remain on file by your agency.  Signature of Applicant or Employee  Date                               | Please: Check and Initial each Applicable Space  CCH Report Printed: YES NO initial                   |  |  |  |
| (This copy must remain on file by your agency.  Signature of Applicant or Employee  Date  Agency Name (Please print)   | Please: Check and Initial each Applicable Space  CCH Report Printed: YES NO initial Purpose of CCH:   |  |  |  |

Date

Rev. 09/2013

Retain in your files



## CITY OF DENISON, TEXAS VOLUNTEER BACKGROUND INFORMATION CONFIDENTIAL

| I, authorize the Texas Department of Public Safety (DPS) to release my criminal history records to the City of Denison, Texas, Personnel Office, 430 W. Chestnut/P.O. Box 347, Denison, Texas, 75021-0347. The information requested below is necessary to obtain criminal history record information. |   |  |  |  |
|--|---|--|--|--|
| FULL NAME:LAST   | FIRST MIDDLE  |  |  |  |
| SOCIAL SECURITY #:   | DATE OF BIRTH   |  |  |  |
| SEX: MALE  | FEMALE  |  |  |  |
| ETHNICITY: BLACK   | WHITE/OTHER   |  |  |  |
| DRIVER LICENSE #   | STATEEXPIRES  |  |  |  |
|  | the duration of your life. Please indicate the mple: Oklahoma 1968-1978, Texas 1979-2003  |  |  |  |
| to determine eligibility for employment, obtaining criminal history information. I obtained from the Texas Department of P must be acceptable to the city. If I am er understand failure to disclose convictions   | ng about age, sex, and ethnicity will not be used but will be used solely for the purposes of In addition, I understand that the information Public Safety, Crime Records Service Division, mployed or accepted for volunteer programs, I for a felony or for an offense involving moral suse for dismissal. This form will be removed in the personnel office. |  |  |  |
| PRINT NAME   |   |  |  |  |
| SIGNATURE  | DATE  |  |  |  |