



August, 2018

Coach:

Thank you for your interest in being a volunteer coach with the Park District of La Grange in our upcoming youth basketball league. We are appreciative of your volunteerism and sacrifice to help make this league a success each year.

The first step to becoming a volunteer coach with the Park District is to complete the enclosed volunteer packet and background check forms. This is mandatory to be considered for a volunteer coach position with the Park District. If you have any questions, please contact Kevin Miller via email at kevinmiller@pdlg.org or by calling 708-352-1762.

Upon completion of the volunteer packet, Kevin will email verification of receipt of the completed packet and inform you within 10 business of your coaching status for the upcoming season.

Sincerely,

Kevin Miller, CPRP
Superintendent of Recreation
Park District of La Grange

Program Specific Expectations

TITLE: Youth Volunteer Coach

DEPARTMENT: Recreation

SUPERVISOR'S TITLE: Recreation Supervisor or Superintendent of Recreation

Volunteer Summary:

The Park Districts youth sports program emphasizes skill development, fair play, team work, cooperation, sportsmanship, responsibility and fun. Under the supervision of the Recreation Supervisor or Superintendent of Recreation, the volunteer coach is responsible for leading a team of players through practices, games and tournaments (if applicable).

Essential Volunteer Functions:

1. Coaches are to report on time as scheduled or find a replacement that is acceptable by the Park District staff.
2. They should be ready to work and have a clean appearance as they represent the Park District.
3. Plan, organize and supervise practice sessions which includes; teaching fundamental skills while emphasizing skill development, fair play, teamwork, sportsmanship and fun.
4. Organize and supervise games
5. Communicate with parents with information regarding their child's athletic experience
6. Work closely with the Recreation Department staff to ensure all department rules and policies are being observed.
7. Respond to player accidents or injuries.
8. Report any problems with equipment, player behavior, parent behavior or officials to the Park District's appropriate staff.
9. Abide by all officials decisions.
10. Make a positive contribution to the agency.

Minimum Qualifications:

1. Ability to work well with children of various ages
2. Basic knowledge of the sport; prior coaching experience helpful but not required
3. Willingness to learn and follow department rules and guidelines regarding youth sports
2. Ability to work effectively with patrons, Park District staff and parents while demonstrating tact and a positive attitude
3. Ability to lift at least 20 lbs or more during duties of volunteer work.



PARK DISTRICT OF LA GRANGE VOLUNTEER APPLICATION

Thank you for your interest in being a volunteer. Please complete this form and submit it to Kevin Miller, Superintendent of Recreation. Completion of this application does not guarantee you a volunteer position. A staff member will contact you upon submission of this form, and if this agency selects you to be a volunteer, it will require you to complete a Waiver & Release form, as well as to provide emergency contact information.

Date of application: _____

Name: _____

Address: _____ City _____ State _____

Zip _____

Phone: (day) _____ (cell) _____

Email address: _____

Are you 18 or over? _____ Yes _____ No

If under 18, please state your age:

Have you volunteered with this agency before? _____ Yes _____ No

Please describe any relevant education, employment experience, volunteer experience, training, special skills or interests (you may submit a resume):

Which age groups do you enjoy working with? (Circle all that apply)

Early childhood (ages 3-6)

Youth

Teens/young adults

Adults

Seniors

Why are you interested in volunteer work with the Agency? (Circle all that apply)

Give back to community

Love of recreation/sports

School/work service hours

Past experience

Family member with a disability

Looking for new experiences

Other:

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

If yes, please explain:

Have you ever been convicted as, or found to be, a child sex offender? _____ Yes _____ No

Please list the name and phone number of two non-family personal references:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

What program sessions are you available to volunteer? (Please circle all that apply)

Fall Session 8 weeks (October - December)

Youth League 1st-2nd Grade

Winter/Spring Session 13 weeks (January -April)

Youth League 3rd-4th Grade

Summer Session 7 Weeks (June - August)

Youth League 5th-6th Grade

Youth League 7th-8th Grade

Please list the days and times you are available to volunteer.

Days: _____ Hours: _____

Days: _____ Hours: _____

Days: _____ Hours: _____

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the agency.

Signature: _____ Date: _____

It is the policy of the Park District of La Grange to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or any other legally protected basis. Please advise Kevin Miller, Superintendent of Recreation, if you need any accommodation to participate in the application process.

EMERGENCY CONTACT INFORMATION FOR VOLUNTEERS

Please list two individuals to notify in the case of emergency:

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

VOLUNTEER WAIVER AND RELEASE

Please read this document carefully so that you fully understand your rights and responsibilities as a volunteer. **Participation will be denied if the signature of the volunteer and date are not on this waiver.**

I agree to serve as a volunteer for the Agency. I understand that my volunteer service with the Agency may be ended for failure to adequately perform my volunteer duties, for improper conduct while serving as a volunteer, or for any other lawful reason. I also acknowledge that the Agency recommends each person carry their own medical accident insurance, since worker's compensation benefits are not available to volunteers.

IMPORTANT INFORMATION

The Park District of La Grange is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of La Grange continually strives to reduce such risks and insists that all volunteers follow safety rules and instructions that are designed to protect the volunteers' safety. However, volunteers and parents/guardians of minors volunteering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs, whether as a volunteer or participant.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the volunteer is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant and, consequently, volunteers. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when volunteering in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Park District of La Grange to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up to volunteer in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of La Grange, including its officials, agents, employees, and other volunteers.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If applying on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer Name (Printed)

Date

Volunteer Signature

Date

Parent/Guardian must sign if volunteer is under age of 18

Date

Park District of La Grange

CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS FORM

Please read this form carefully and be aware that by agreeing to allow the Park District of La Grange to conduct a criminal background check, you will be waiving and releasing all claims for damages or other injuries of any type which you might sustain arising out of the criminal background check and review.

I understand that completion of a criminal background check is a condition of my employment or volunteerism with the Park District of La Grange.

I agree to waive and relinquish all claims I may have against the Park District of La Grange and its officers, agents, servants, and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the Park District of La Grange, its respective officers, agents, servants, and employees from any and all claims for damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

I have read and fully understand this Waiver and Release of All Claims.

Signature

Date

Printed Name

CONVICTION INFORMATION NAME CHECK REQUEST

(Please see the reverse side for instructions on completing this form)

(All fields marked in **BOLD** are mandatory)



Transaction Control Number



FRM1130L40446615

Cost Center
(Office Use Only)

Document Control Number

L40446615

Submitting Agency ORI - NCIC (if applicable)

IL

Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Drivers License Number

DL State

Requestor's Name

Agency/Company Name

Return Address

Street Address:

City:

State:

Zip:

Foreign State/Country

Foreign Postal Code

Licensing or Employment Purpose

(Yes)

(No)

Subject's Maiden Last Name

First Name

Middle Name

Fee Amount

Date: _____ / _____ / _____

Please type or print all information