





SPORT:	DATE:			
NAME:		AGE:		
ADDRESS:	Ema	ail		
CITY:	ZIP CODE: _	ZIP CODE:COUNTY:		
PHONE: (Home)	(Work)	(Beeper or	Cell):	
CHILD'S NAME:		CHILD'S A	GE:	
	ITING TO COACH HIS/HER TEAM			
	ach? Yes or No to the same age group? roup)?			
	NT Coach? Yes or No oup) did you assist?			
Are you a NEW COACH? What division (age group) a	re you requesting? 1st Choice 2nd Choice	e: ce:		
	ence in coaching this sport?			
	sport(s) with the Peach County R			
Place of Employment:				
Supervisor:		Phone:		
VOLUNTEERS WHO WORK WITH I understand that this is an APPLIC CHECK may be conducted. If chos any time. ONLY HEAD CO.	H CHILDREN ARE REQUIRED BY LANDATION ONLY and does not automatical en to coach, I understand that under center of the coach, I understand the coach of	W TO REPORT SUSPECT ally entitle me to coach. I a ertain conditions, I can be re	ED CHILD ABUSE. also understand a BACKGOUNI elieved of my coaching duties a TH OFFICIALS.	
OFFICIAL USE ONL' Team Assigned:				
Date:				
Approved by:	Signature	e	Date	

Only Head Coach may approach/confer with the Officials

VOLUNTEER APPLICATION ACCEPTANCE POLICY

Applicant retains copy of this policy

It is the policy of the Peach County Board of Commissioners that all coaches, assistant coaches, and all other volunteers that the Peach County Recreation Department recognized as part of an event or program, will fill out a Recreation Department "Consent to Conduct Background Check" form. A background check will be conducted on all volunteers. Reasons for denial are:

- 1. Falsifying consent form.
- 2. Arrest or conviction for crime involving moral turpitude.
- Recent arrest or conviction for any crime that would be detrimental to the well being of minor or adult participating in a Peach County Recreation Department event.
- 4. Although volunteer coaches for the Peach County Recreation Department will <u>not</u> be required to have a drug screening prior to providing service to the department, they will, however, be required to sign for receiving a copy of the Peach County Substance Abuse Policy and will abide by the regulations contained therein. Volunteer coaches are <u>not</u> safety sensitive workers and will, therefore, not be subject to random testing.

CONSENT TO CONDUCT BACKGROUND CHECK

NAME:	(First)	(Middle)	(Last)		
ADDRESS:	;	, ,			
CITY:		STATE:	ZIP CODE:		
HOME PHONE:		WORK PHONE:			
DATE OF BIRTH:		SOCIAL SECURITY #:			
DRIVER'S	LICENSE #:	STATE:	_EXPIRATION://		
MALE or	r FEMALE (Circle	One) U.S. CITIZI	EN: YES_NO_RACE:		
Parks & Recree participate in the includes, but is or have a crimi I certi	ation Department permission he Peach County Parks & Resonot limited to, a records cheinal record.	n to conduct a background to conduct a background ecreation Department preck to determine whether YES I have been conv	f this document, give the Peach County and check regarding my qualifications to ograms. This background check is I have ever been convicted of a crime dicted of or I have been arrested for, or an		
(Yes or No)	1. Simple Battery, wher	re the victim is a minor of	or adult.		
(Yes or No)	2. Aggravated Battery,	2. Aggravated Battery, where the victim is a minor or adult.			
(Yes or No)	3. Cruelty to children.				
(Yes or No)	4. Contributing to the de	4. Contributing to the delinquency of a minor.			
(Yes or No)	5. Any sexual offense.	5. Any sexual offense.			
(Yes or No)	6. Violation of any Con	6. Violation of any Controlled Substance Act.			
(Yes or No)	7. Alcohol related viola	tions.			
(Yes or No)	8. Murder or Felony Mu	urder.			
(Yes or No)	9. Criminal attempt to c	commit any above named	d offense.		
(Yes or No)	10. Any other crime that being of children.	bears upon my fitness to	have responsibility for safety and well		
coaching positic completion of the Department and or any other class	ion or may choose to deny methe background check; and I d/or the county of Peach har	ne unsupervised access to further agree to hold the mless regarding any liab ction taken pursuant to t	Department may choose to deny me a o a child or children pending the e Peach County Parks & Recreation bility for defamation, invasion of privacy, he provisions of this consent. To the T CONFIDENTIAL.		
APPLICANT	'S SIGNATURE:				
If you are an a	assistant coach, what is the	name of the Head Coa	ach?		



FOR HEAD COACHES:

I understand that I will attend the following:

	Tryouts (Mandatory)	
	Drafts (Mandatory)	
	Coaches Meeting (Mandat	tory)
	Saturday Coaches Clinic O	Or Online Coaches Certification
	(\$20 Fee NAYS)	(Mandatory)
Sign		Date

Thank you for your commitment,

{Please initial each event below}

Damian Smith Athletic Director Peach County Recreation Department 478-825-3334 damian-smith@peachcounty.net