



Date Received: _____

VOLUNTEER APPLICATION

Dear Applicant:

Fountain Inn Parks and Recreation operates a volunteer Program that provides services to our community through our youth sports program. The purpose of this volunteer program is to allow members of our community to benefit from knowledge, skills, and talent possessed by the volunteers within our community. Another objective of our program is to allow interested residents of our community the opportunity to participate in our youth sports program and to enhance our program.

This volunteer application is intended to give applicants an opportunity to share their background, experience, skills, and interests, allowing our department to make the best possible volunteer placement.

Thank you,
Fountain Inn Parks and Recreation

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Are you over the age of 18? Y N
If not, list date of birth ____/____/____

VOLUNTEER INTEREST

Please check the volunteer opportunities you are interested in:

- Tee Ball Softball Volleyball
- Baseball Basketball Football

PURPOSE FOR VOLUNTEERING

Please check the box of one of the following that best relates to the reason you would like to volunteer:

- Get involved with Fountain Inn Community
- Be a part of my child's recreation experience
- Share my knowledge of _____ with youth and parents.

VOLUNTEER AVAILABILTY & SKILLS

Circle the day you cannot be available for volunteer work:

Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Preferred work hours: _____ to _____

Please list any special skills/expertise, training, interests, or hobbies that you have that may be useful to FI PARD.



VOLUNTEER APPLICATION

WORK EXPERIENCE

Employer	Position/Duties	From/To

PREVIOUS VOLUNTEER WORK - (start with most recent) Please feel free to attach additional sheets if necessary.

Organization Name	Volunteer Position/Duties	From/To

REFERENCES - Please list two references other than family members

Name _____
 Street Address _____
 City/State/Zip _____
 Work Phone _____
 Home/Cell Phone _____

Name _____
 Street Address _____
 City/State/Zip _____
 Work Phone _____
 Home Phone _____

MEDICAL

Do you have medical condition, physical or emotional, that might limit the type of work you can do? Y N

If yes, please describe the limitations: _____

EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Home/Cell Phone:



Activities Center
610 Fairview Street
Fountain Inn, SC 29644
(864) 862-4675 Fax (864) 862-4677

Waiver of Liability

Fountain Inn Parks and Recreation Department

In consideration of voluntary participation in activities occurring on properties owned by the City of Fountain Inn, whether sponsored by the City or others, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against the City of fountain Inn, its elected officials, employees, agents, and volunteer workers, for any injuries suffered in connection or arising out of participation in said activities. I understand and agree that the City of Fountain Inn will not provide workers' compensation benefits for any injuries or illnesses which I might suffer as a result of my participation in the above activity. I also understand that I will be volunteering my time to work on these projects and therefore will not be compensated monetarily or otherwise by City of Fountain Inn.

A parental signature is required for those volunteers younger than age 18.

Date _____

Participant Name _____ (Please print)

Signature _____

Street address _____

City and Zip Code _____

Signature of Parent/Guardian _____

(Required for participants under the age 18)

Emergency Phone _____

Emergency Contact Person _____



CITY OF FOUNTAIN INN PARKS AND RECREATION DEPARTMENT BACKGROUND CHECK POLICY

The Recreation Department welcomes applications from qualified persons to participate in recreation programs. All HEAD Coaches must complete a background check before they are allowed to coach. Each check will be reported to the Parks and Recreation Department Director. The Director will be the only one who sees the results of the check. If any of the below reasons cause the Director to disqualify the volunteer, a meeting will be set up to discuss the charges with the applicant and Director. The background check will be current for two years. Every two years a new check will need to be conducted.

City reserves the right to reject any application for any reason in its sole discretion.

A conviction for any of the following automatically disqualifies an applicant:

- A crime classified as a felony
- Criminal Domestic Violence
- Abuse or neglect of a child or a vulnerable person
- Any crime involving drugs or narcotics whether licit or illicit
- Any crime involving children whether as a victim or an accomplice

Any applicant whose name is listed in a sex offender registry or a registry concerning abuse or neglect is automatically disqualified from service.

If convicted of any of the following applicants are automatically disqualified:

- Driving under the influence – two convictions, or one conviction within the last five years
- Public Drunkenness – two convictions, or one conviction within the last five years
- Disorderly Conduct – two convictions within the last five years

**Two misdemeanors within the previous five years will result in automatic disqualification.*

The following may result in the rejection of an application:

- Providing false information on the application
- The conviction of any misdemeanor
- Any other reason, in the sole discretion of the Recreation Department to be of a serious nature

Confidential

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of Fountain Inn and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Fountain Inn or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The City of Fountain Inn and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



COACHES' CODE OF ETHICS

I _____ hereby pledge to follow the below codes, to the best of my ability.

- I will place the physical and emotional wellbeing of my players ahead of my personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sport events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for all of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date