

# MINDEN RECREATION DEPARTMENT VOLUNTEER APPLICATION

To Be Completed By All Volunteers Including Coaches, Managers, Administrators, Umpires, Etc. Of The MINDEN RECREATION DEPARTMENT Having Regular Access To Or Repeated Contact With Participants

**A copy of a valid government issued photo ID must be attached to complete this application.**

## Personal Information

Date of Completion of This Form: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Names (maiden, alias, etc.): \_\_\_\_\_

Male or Female: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email address: \_\_\_\_\_

## Home Address: List all for the past 7 years

Present (include dates):

\_\_\_\_\_

Previous (include dates):

\_\_\_\_\_

Previous (include dates):

\_\_\_\_\_

Previous (include dates):

\_\_\_\_\_

## Qualifications:

What position are you applying for?:

\_\_\_\_\_

What team will you be coaching?:

\_\_\_\_\_

Have you ever been convicted of a crime? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any other youth sports program? (if yes, explain)

\_\_\_\_\_

Do you have children in the program? \_\_\_\_\_

Why do you want to be a volunteer?  
\_\_\_\_\_

Why are you qualified to coach, manage, umpire, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

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### Acknowledgement of Training

I acknowledge that on \_\_\_\_\_ (date) I was given a copy of the Minden Recreation Department Simplified Child Abuse/Molestation Risk Management Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless the City of Minden, its employees, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Consent/Release

I authorize and give consent for the Minden Recreation Department to obtain my personal information.

This includes, but is not limited to employment records/employer's references; criminal background records/information; criminal background checks/fingerprints; coaching experience, personal references, and addresses.

I authorize this information to be obtained either in writing, via telephone, or other means, in connection with my volunteer application.

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 understand that regardless of my prior volunteer activities with the Minden Recreation Department, the Minden Recreation Department is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability the Minden Recreation Department, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### CITY of MINDEN Use Only

Background checks completed by \_\_\_\_\_ (name) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

Sources Checked:

\_\_\_\_ Clean

\_\_\_\_ Not Clean (keep this form and the record check on file for 15 years if not clean)

Only attach to this copy the records of background checks that are not clean.