

# City of Charleston Recreation Department



## Volunteer Application

An Equal Opportunity Employer

<small>Office use only</small>	
Sport:	_____
Area:	_____
Staff:	_____
Date:	_____
Vax:	_____

Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Assisting which Head Coach \_\_\_\_\_  
 Sport/Program \_\_\_\_\_ Age Group \_\_\_\_\_ Date \_\_\_\_\_  
 Area applying for: Daniel Island \_\_\_\_\_ James Island \_\_\_\_\_ Johns Island \_\_\_\_\_ Peninsula \_\_\_\_\_ West Ashley \_\_\_\_\_ Therapeutics \_\_\_\_\_

Please write clearly and complete all questions

Full Name: \_\_\_\_\_

First

Middle

Last

Current Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell #:(\_\_\_\_\_) \_\_\_\_\_ Home #:(\_\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_\_) \_\_\_\_\_

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

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

# of years with employer: \_\_\_\_\_ Describe Position: \_\_\_\_\_

Have you ever been convicted of a felony in the last ten (10) years? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes please explain: \_\_\_\_\_

Coaching Experience \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** How many years?: \_\_\_\_\_

List your last Coaching or Volunteer experiences:

Where: \_\_\_\_\_ As: \_\_\_\_\_ How long: \_\_\_\_\_

List any formal training/certifications you may have: \_\_\_\_\_

List any additional comments you feel makes you a suitable coach/volunteer: \_\_\_\_\_

I certify that to the best of my knowledge all of this information is true, complete and accurate. I authorize investigation of all information contained in the form and I understand misrepresentation or omission of facts is a cause for dismissal. I agree to allow the City to videotape games/practices/programs.

Minors under the age of 18 must have parent or legal guardian sign. Drivers License or State issue ID must be presented with form.

Print Name

Sign Name

Date

**We are NOT requiring COVID 19 vaccinations for coaching. We are however requiring coaches to voluntarily share their vaccination status to this email: [citycoach@charleston-sc.gov](mailto:citycoach@charleston-sc.gov)**



# *City of Charleston Recreation Department*

## *Coaches Code of Conduct*



*I hereby pledge to live up to the City of Charleston Recreation Department Code of Conduct as a coach.*

*Coaches are responsible to ensure that the health, well-being, safety and development of athletes take precedence over the win/loss record.*

*Coaches are expected to maintain a professional demeanor in their relationships with athletes, officials, coaches, administrators, opposing parents and treat all with respect and dignity.*

*Coaches must acknowledge that they are role models and behave in a respectful way. Exemplifying honesty, integrity, respect and fair play to all. Any form of fighting, verbal or physical, any threats of violence, any actions not representing that of a role model will not be tolerated.*

*Coaches should recognize that physical contact is at times necessary with players but coaches must ensure that no action on their part can be misconstrued. Always follow the rule of 3. Never be alone with a child at practice, do not give children rides home and do not go behind closed doors with a child alone.*

*Coaches should always instill integrity to the game and to the players. Do not teach children to break rules or behave unsportsmanlike. Let's prepare our players on how to succeed and fail maturely.*

*Coaches will ensure the knowledgeable in the rules of each sport that you coach, and that you will teach these rules to your players.*

*Coaches will not tolerate or participate in any kind of abuse, verbal, physical or emotional. Please report any infractions, so that we can protect the children. I will remember that I am a youth coach, and that the game is for children and not adults.*

*I acknowledge and understand that pursuant to South Carolina Code § 23-31-520 and City of Charleston Code § 22-4 it is unlawful for any person participating in or attending a permitted organized event, including a permitted organized sporting event, to openly carry a firearm at such event.*

*Date: \_\_\_\_\_ Coach Signature: \_\_\_\_\_ Coach Name Print: \_\_\_\_\_*

*Age Group: \_\_\_\_\_ Team Name: \_\_\_\_\_ Preferred Shirt Size: \_\_\_\_\_*



CITY OF CHARLESTON BACKGROUND AUTHORIZATION
FOR RELEASE OF INFORMATION FOR INVESTIGATIVE
VOLUNTEER/EMPLOYMENT PURPOSES

Office use only
Sport:
Area:
Staff:
Date:
Vax:
DL:

I, the undersigned consumer, do hereby authorize The City of Charleston by and through its independent contractor, SR& I, Inc., to procure an investigative consumer report and/or drug testing on me. These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to SR&I, Inc. that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to The City of Charleston, by and through SR& I, Inc., including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I hereby release The City of Charleston, SR&I, Inc. and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized. I declare that that this is my full and accurate name provided.

Signature: Date:

Please print clearly and legibly

Printed Legal Name: First Middle (required) Last Maiden

Other names used:

Date of Birth: / / Gender: Social Security #: / /

Current Address: City: State: Zip:

Drivers License #: State issued in: State ID #

Addresses for last 10 years:

Former Address: City: State: Zip: How Long:

Former Address: City: State: Zip: How Long:

Former Address: City: State: Zip: How Long:

Have you ever been convicted of a crime other than a traffic violation: YES NO

Do you currently have any criminal charges against you now: YES NO

Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with an official background investigation concerning: (1) fitness for employment, (2) clearance to perform contractual, (3) security clearance or access to sensitive materials, or (4) any other legitimate purpose within the scope of employment responsibilities. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in termination of employment.