VOLUNTEER IN YOUTH SPORTS

Required Documents Checklist

NAME:_____ DATE:_____

Address:_____

Home #:_____

Cell #:_____

Years of Coaching:_____

Sport(s):_____

☐ Consent / Release Form Sent to HR for BG Check Date: _____

☐ Application Form (4 pages)

☐ Coaches Code of Ethics Pledge

☐ Hyland Hills Concussion Recognition & Education Policy

☐ Hyland Hills Approved Sports Concussion Training Completion Certificate

☐ Mandatory NAYS Coaches Training Membership

Notes:

_____

_____

_____

Hyland Hills
Park & Recreation District
Recreation Department

(303) 650-7500

Hyland Hills Sports Center
4201 W. 94th Avenue
Westminster, CO 80031

VOLUNTEER IN YOUTH SPORTS

Consent / Release Form

I understand and agree that:

1. **This organization can deny any applicant for any reason or for no reason at all.**
2. **This application is valid for two (2) years and a new application must be completed immediately thereafter.**
3. **By submitting this application, I, the applicant, affirm that all the foregoing information I have provided is true and correct.**
4. **By submitting this application I, the applicant , agree (in return for being permitted to volunteer) that if any of the foregoing information is incorrect, I will forever indemnify and hold this organization harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.**
5. **By submitting this application I, the applicant, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background check(s) and to inform those within the organization who are responsible for accepting and/or supervising volunteers.**

_____ _____

Coach Signature Date

_____

Print Name

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Hyland Hills
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Volunteer Position desired

Full Legal Name of Applicant

Other Names (Maiden, alias, etc..)

Address

City | State | Zip

Daytime Phone # | Evening Phone #

Email Address

Date of Birth | ☐ Male | ☐ Female | ☐ N/A

Driver License # | State | Expiration Date

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VOLUNTEER IN YOUTH SPORTS

Present Employer:

Name of Company _____ Beginning Date of Employment _____

Street Apt # _____

City _____ State _____ Zip _____

Position _____ Name of Supervisor _____

Have you ever been arrested, charged, or convicted of a crime? No ☐ Yes ☐

Please Explain: _____

_____

_____

Have you ever had, or do you currently have a problem with drugs and /or alcohol?

No ☐ Yes ☐

Please Explain: _____

_____

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VOLUNTEER IN YOUTH SPORTS

What is your motivation to volunteer for this position? _____

_____

_____

_____

_____

What experience do you have working with children? _____

_____

_____

_____

_____

List any formal training that you have completed that is related to this position. _____

_____

_____

_____

_____

After you submit your volunteer application & signed paperwork, the Hyland Hills Athletics Department will send you a link to complete your background check (no fees for you) through the National Center for Safety Initiatives (NSCI). Background checks are required every two years to volunteer for youth sports.

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Coaches' Code of Ethics

I hereby pledge to live up to my certification as a NAYS Coach by following the NAYS Coaches' Code of Ethics:

- ✓ **I will place the emotional and physical well-being of my players ahead of a 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 will promise to review and practice the 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 lead by example in demonstrating fair play and sportsmanship to 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 sports 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 each 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

_____

Print Name

NAYS Coach Training & Membership

Hyland Hills
Park & Recreation District
Recreation Department

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Hyland Hills Sports Center
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VOLUNTEER IN YOUTH SPORTS

Concussion Recognition & Education Policy

1. Every Hyland Hills coach of an organized athletic team with team members under the age of nineteen ("youth athlete") and every third-party coach of an organized athletic team with team members under the age of nineteen ("youth athlete") which team utilizes Hyland Hills' facilities:

    a. Shall complete an annual concussion recognition course approved by Hyland Hills;

    b. Shall immediately remove a youth athlete from a game, competition or practice when the coach suspects that the youth athlete has sustained a concussion following an observed or suspected blow to the head or body while involved in a game, competition or practice;

    c. Shall notify the youth athletes parent and the designated Hyland Hills staff member of the concussion symptoms, once a youth athlete is removed from a game, competition or practice according to this policy;

    d. Shall not permit the athlete to return to any game, competition or practice until the designated Hyland Hills staff member so authorizes, once a youth athlete is removed from a game, competition or practice by reason of suffering a suspected concussion and the concussion symptoms cannot be readily explained by a condition other than concussion;

2. No youth athlete, removed from a game, competition or practice by reason of suffering a suspected concussion and the concussion symptoms cannot be readily explained by a condition other than concussion, the youth athlete shall not be allowed to participate in any organized athletic team activity involving physical exertion, including games, competitions, or practices, until he/she is evaluated by a health care provider and receives written clearance to return to play from the health care provider.

3. A "health care provider" means a Doctor of Medicine, Doctor of Osteopathic Medicine, licensed nurse practitioner, licensed physician assistant and licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

4. The designated Hyland Hills staff members referred to above include:

    - The Hyland Hills Athletic Department at 303-650-7671.

_____ _____

Coach Signature Date

_____

Print Name

NAYS Coach Training & Membership

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