



## Volunteer Coach Packet

Thank you for volunteering to coach a Cheshire Parks & Recreation Basketball team. These programs cannot run without the help of dedicated volunteers from the community. While all interest in volunteering as a coach is appreciated, it is imperative that the Cheshire Parks & Recreation Department gather more information on prospective coaches to ensure that interests of program participants are protected.

### **Coaching Guidelines:**

- Coach must be an adult.
- Each team will be limited to **two** coaches.
- All coaches must submit a complete application and attach a copy of a photo ID.
- Upon receipt of the application, you will be emailed information and must complete two online trainings.
- Coaches will have access to communicate with their players and receive notices from our offices through our online registration system ([www.cheshirect.myrec.com](http://www.cheshirect.myrec.com)). Log into your account to make sure your contact information is correct!
- Coaches must adhere to our code of conduct.
- Coaches will familiarize themselves with the league rules and ensure that they and their players abide by them.

**All forms must be completed in full and returned by October 10, 2025.**

***Be sure you have completed all forms in full!***

Please use this checklist to be sure that you have everything

- Volunteer Coach Application Form
- Volunteer Coach Emergency Information Form
- Code of Conduct
- Waiver
- Criminal Background Disclosure
- Background Check Authorization Form
- DCF3031
- Copy of Photo ID

Thank you for taking the time to help us ensure the best environment possible for our valued program participants!

Brendan Moran  
Program Coordinator  
Cheshire Parks & Recreation

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## Volunteer Coach Application

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_

Which league do you want to coach? Circle below, note "B" for boys and "G" for girls

K 1 2 3-4B 3-4G 5-6B 5-6G 7-8B 7-9G High School

Position Desired (Circle your preference): Head Coach Assistant Coach

Name of person you would like to coach with. (Other coach must also complete this form):

Name & grade of child you want to coach: \_\_\_\_\_

Reason for applying: \_\_\_\_\_

### Previous Experience:

Instructional Leadership of Children (Briefly explain): \_\_\_\_\_

Coaching Education (i.e. courses, clinics, books, movies, etc.): \_\_\_\_\_

Previous Coaching Experience (Include sport, age group, years, and agency): \_\_\_\_\_

Coaching Certifications (Please list): \_\_\_\_\_

CPR Certified ( Y / N ) Expires: \_\_\_\_\_ First Aid Certified ( Y / N ) Expires: \_\_\_\_\_

(Please attach copies of certifications)

### References

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_



Volunteer Name: \_\_\_\_\_

## **COACH'S CODE OF CONDUCT**

As a volunteer coach in the Cheshire Parks & Recreation Youth Basketball Program, I commit to creating a positive, safe, and supportive environment for all players and agree to follow these standards.

As a volunteer coach, I will:

- ✓ Create a fun, safe, and welcoming atmosphere where all players feel included and encouraged.
- ✓ Teach the fundamentals of basketball in an age-appropriate, supportive, and engaging way.
- ✓ Emphasize teamwork, effort, and personal development over winning.
- ✓ Lead by example by showing good sportsmanship, fairness, and respect always.
- ✓ Treat every player with kindness and respect, regardless of skill level or experience.
- ✓ Communicate clearly, respectfully, and positively with players, parents, referees, and program staff.
- ✓ Encourage players to learn from mistakes and celebrate progress and effort.
- ✓ Represent Cheshire Parks and Recreation in a positive and professional manner, on and off the court.
- ✓ Respect and accept all calls made by the officials and teach my players to do the same.
- ✓ Manage disagreements or issues calmly, focusing on solutions and setting a good example.
- ✓ Foster a love for the game and ensure basketball remains a positive experience for every child.
- ✓ Follow the official Cheshire Parks & Recreation rotation schedule to ensure that all players have even playing time.

If I have any concerns about officiating or league rules I will speak with the League Supervisor. If I have any other concerns about the league, staff or program, I will contact Brendan Moran, Program Supervisor, or another staff member at the Parks & Recreation Department's office.

By following this Code of Conduct, I commit to supporting the goals and values of the **Cheshire Parks and Recreation Youth Basketball Program**.

I understand that failure to follow this Coaches Code of Conduct or any rules set by the Cheshire Parks and Recreation Department may result in my removal as a volunteer coach from the Youth Basketball League. By signing this document, I acknowledge that I have read, understand and agree to abide by this Code of Conduct.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Volunteer Name: \_\_\_\_\_

### Waiver & Photo Policy

In consideration of the Town of Cheshire ("Town") allowing me to volunteer, I acknowledge that I have read and understand the information given including the purpose and scope of the Activity. I certify that I am in good health and physical condition to participate in the Activity. I understand that Activities have categories of inherent risk and that accidents can occur. I must be alert for dangers. I may receive first aid by trained staff when necessary. If I require emergency medical care or emergency transportation, I give permission for Town staff to authorize this care. I hereby Release, Waive and Covenant Not to Sue the Town, its employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Activity. I acknowledge that I will be giving up substantial legal rights by signing this waiver and I acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues, and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

### Photo Policy

During Town Activities, pictures and/or videos may be taken by staff and these may be used for future promotions; to revoke authorization to use pictures and/or videos email [recreation@cheshirect.gov](mailto:recreation@cheshirect.gov) and include the participant's name and the Activity name.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information

 Please list two people to contact in case of emergency or illness.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Health Information

 (Will be kept on file for emergency use only)

List all information that may be important in case of a medical emergency (i.e. Diabetes, Epilepsy, High Blood Pressure, Allergies, Medications etc.)

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## CRIMINAL BACKGROUND DISCLOSURE & REQUIRED STATEMENT

*Please read before answering the following questions: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.*

1. Have you ever been convicted of a crime (excluding minor traffic violations)?  
 No  Yes (Note: a conviction is not an absolute ban)
2. Are there currently any criminal charges pending against you?  No  Yes
3. Are you now the subject (in Connecticut or any other jurisdiction) of an investigation related to possible employment termination or revocation, suspension or annulment of any educator certification or licensure?  No  Yes
4. Have you ever been dismissed for cause from a position in a public or non-public school or child-care or recreational facility?  No  Yes
5. Have you ever been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated?  No  Yes
6. Have you ever been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?  No  Yes
7. Have you ever had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?  No  Yes

Write your explanation(s) below for any of the questions that you answered with "Yes":

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The Town reserves the right to conduct a record check with our local police department. By signing below, I certify the above information is true.

Signature

Date

Printed Name: \_\_\_\_\_

Connecticut Department of Children and Families  
**AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)**

DCF-3031  
 7/2022 (Rev.)



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I, (Applicant Name): \_\_\_\_\_ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):  
☐ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor ☐ Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)		Attention:	
Address: (No. and Street):		City:	State: Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
Applicant Address: (No. and Street):	Apt. #	City:	State: Zip: Start date at current address: (mm/dd/yyyy)

List all previous applicant addresses for the last five years ☐ Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) ☐ Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle Name:

Names of ALL children - biological/step (Including adult children in or out of the home) ☐ Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).

For questions or support, please contact the Background Check Unit at [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).

## DCF-3031 - Office Use Only:

Date Form Received: \_\_\_\_\_

Date Entered into DCF Portal: \_\_\_\_\_

Date Report Received: \_\_\_\_\_



## **FCRA NOTICE – BACKGROUND INVESTIGATION**

In connection with your application with Town of Cheshire Parks & Recreation Department (the “Company”), this notice is intended to inform you that a consumer report will be obtained on you from a consumer reporting agency for employment purposes. These purposes may include hiring, retention, promotion or reassignment. The report may contain information about you relating to your criminal information or history, driving and/or motor vehicle records, verification of your education or employment history, social media or other background check.

### **AUTHORIZATION FOR BACKGROUND INVESTIGATION** **(complete if 18 years of age or older)**

By signing below, you hereby authorize the obtaining of consumer reports by the Company at any time after receiving this authorization and throughout the course of your employment.

You understand that the scope of your authorization is not limited to the present and, if you are selected, will continue throughout the course of your service, and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

I hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Protect Youth Sports and/or the Company.

Signature:	Date:
Full Legal Name:	Social Security Number:
Full Maiden Name and/or other Aliases*:	
Date of Birth:	Email Address:
Phone Number:	Current Address:
Driver License # and State of Issuance:	Previous Address(es) within last 5 years*:
<input type="checkbox"/> Check here if you do not have a Driver License.	

\*Attach additional sheets as needed to provide all required information.

## Background Investigation - Office Use Only:

Date Form Received: \_\_\_\_\_

Date Entered into AVERITY: \_\_\_\_\_

Billing Reference:

- |   |  |
|---|--|
| <input type="radio"/> Artsplace Employee  | <input type="radio"/> Basketball Coach Volunteer |
| <input type="radio"/> Pool Employee       | <input type="radio"/> Other Volunteer            |
| <input type="radio"/> Recreation Employee |  |

Training:

- |                                |                                 |                            |
|--------------------------------|---------------------------------|----------------------------|
| <input type="radio"/> Employee | <input type="radio"/> Volunteer | <input type="radio"/> None |
|--------------------------------|---------------------------------|----------------------------|

Date Report Received: \_\_\_\_\_