



## 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.

**All forms must be completed in full and returned to Cheshire Parks & Recreation**

Forms due no later than: October 13, 2023

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

Please use this checklist to be sure that you have everything

- Volunteer Coach Application Form ***(if a child coaches, an adult is a requirement to be the head coach of the team - mandatory at the Middle School and HS Level only)***
- 2 Coaches per team only
- Volunteer Coach Emergency Information Form
- Waiver
- Criminal Background Disclosure
- Coach's Code of Conduct

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

Sarah Straker

Program Coordinator

Cheshire Parks & Recreation

[sstraker@cheshirect.org](mailto:sstraker@cheshirect.org)

(203)272.2743



**Volunteer Coach Application**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Phone 2: \_\_\_\_\_

**Coaching:**

Circle the grade that you want to coach. Select a grade with "B" for boys and "G" for girls  
K 1 2 3B 3G 4B 4G 5B 5G 6B 6G 7B 7G 8B 8G High School

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

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

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

Name of child or sibling you want to coach: \_\_\_\_\_

**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/Address/Phone:

2. Name/Address/Phone:

3. Name/Address/Phone:



## Volunteer Coach Emergency Information

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

Please list two people who may be notified in case of an emergency or illness.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY.

Date: \_\_\_\_\_



**Volunteer Coach Waiver Form**

The Cheshire Parks & Recreation Department welcomes your interest in volunteering.

Volunteers must recognize that this assignment involves a degree of physical exertion. Therefore, there is inherent risk of injury when you decide to volunteer. The Cheshire Parks & Recreation Department continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed for your safety.

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As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and property damage to volunteers of this program and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer assignment.

I agree to waive, fully release and hold the Cheshire Parks & Recreation Department, Town of Cheshire and their respective officers, agents, employees and volunteers from any and all claims, damages, actions, demands, losses, costs and expenses which I or my child may have or which may arise in the course of my participation or the participation of my child in this program

Volunteer Name:

Volunteer Signature:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name:  
(If under 18)

Parent/Guardian Signature:

\_\_\_\_\_

\_\_\_\_\_



**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 to participation)
  
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 or proceeding related to possible employment or volunteer termination or revocation, suspension or annulment of any educator or coaching certification or licensure?  
 No     Yes
  
4. Have you ever been dismissed for cause from a position (volunteer or paid) 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

- 8. Please write your explanations of any “Yes” answers on the bottom of this page.
- 9. The Town reserves the right to conduct a record check with our local police department.

***I acknowledge that the above information is true.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

Please write your explanations for any of the questions that you answered with “Yes” below:

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