



# CITY OF TEMPLE PARKS AND RECREATION

240 ROME ST, TEMPLE, GA 30179  
OFFICE: 770.562.3848 | WWW.TEMPLEGA.US/RECREATION

Dear Volunteer Coaches,

Thank you for your interest in volunteering for the City of Temple Parks and Recreation Department. We appreciate you and your service. Please read over and fill out the attached documents before the start of any event, practice or etc.

## Check box that applies:

- |                                                |                                                    |
|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Volunteer Head Coach  | <input type="checkbox"/> Volunteer Assistant Coach |
| <input type="checkbox"/> Volunteer Team Parent | <input type="checkbox"/> Volunteer Official        |

1.) **ALL** volunteers and coaching staff will need to complete the attached forms.

**GRPA APPROVED CERTIFICATIONS (COACHES ONLY):** **ALL** head coaches must be certified in the sport they are coaching. The approved GRPA certifications include: NAYS, ACEP, GHSA, COACH SAFELY, USA TRACK, HIGHER GROUND, DOYLE, MVP, USA BASEBALL VIP, USA SOFTBALL VIP, USA VOLLEYBALL, USA FOOTBALL, GYSA, US YOUTH SOCCER and USA WRESTLING.

- If you hold current certifications, **PLEASE SUBMIT** a copy in-person or via email to: [recdept@templega.us](mailto:recdept@templega.us)
- For head coaches without certification, please visit **NAYS.ORG** to complete the following certifications: Coaching Youth Safety Training, Sport-Specific Training Course (select the sport you will be coaching) and Concussion Training.
- The cost for the training is \$20 - upon submission of your certification and receipt to [recdept@templega.us](mailto:recdept@templega.us), you will then be reimbursed.

3.) Coaches Code of Ethics **ALL HEAD COACHES, ASSISTANT COACHES, TEAM PARENT AND UMPIRES** are **required** to sign the provided code of conduct form.

4 **Background Check:** **ALL HEAD COACHES, ASSISTANT COACHES AND VOLUNTEERS** are required to undergo a background check before participating in any practices or interactions with the teams. A background check form is provided, and the clearance will be valid for one year, with rechecks conducted each season. Only the leadership or Temple Recreation, City Administrator, and Police Department will handle background check results. These results will remain confidential in files at the Police Department and Temple Parks and Recreation. If you have any questions or issues with the results, you may request a copy from Temple Police Department for a fee of \$20. **ALL COACHING STAFF MUST IMMEDIATELY NOTIFY THE TEMPLE PARKS AND RECREATION DIRECTOR OF ANY NEW OR PENDING CRIMINAL CHARGES.**

The recreation director or city administrator has the authority to deny or terminate volunteer coaching duties at any time based on the following guidelines:

- Any discrepancies found between provided information and background check results
- Failure to meet the background screening standards of disqualification
- Engaging in social media activity that reflects negatively on the City of Temple Parks and Recreation and undermines the public trust and community's confidence in the care of their children
- Failure to follow instructions, work appropriately with the director and or other city staff, unexplained absences or any other circumstances that at sole discretion of city personnel, hinder the working relationship.

Thank you so much in advance for your willingness to coach the youth in our program! We look forward to getting to know you and working with you. Our goal is to make the City of Temple Parks and Recreation Department a highly sought-out facility for all sports and programs. If you have any questions or concerns, please do not hesitate to reach out to us - we are here to assist you in any way that we can.

If you have any other questions or concerns, please feel free to reach out to:

Ingrid McKinley  
Recreation Director  
404.491.3033

Jackie Aparicio  
Admin Assistant  
470.702.7353

Jaila Orozco  
Program Coordinator  
404.491.3033

Joel Vazquez  
Field Maintenance  
470.543.4852

Melody Rivers  
Athletic Coordinator &  
Field Main. Asst.  
470.445.2685

Brian Bochnack  
Athletic Coordinator &  
Field Main. Asst.  
678.673.7969



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## **COACH APPLICATION FORM**

### **Personal Information**

|                       |             |             |
|-----------------------|-------------|-------------|
| Last Name:            | First name: | Sex:        |
| Address:              |             | City/State: |
|                       |             | Zip:        |
| Email:                | Phone:      |             |
| Social Security #:    | DOB:        |             |
| Position Applied For: |             |             |
| Employer:             | Contact:    | Phone:      |
| City/State:           |             |             |

### **Volunteer History #1 (List previous volunteer work below - do not list Temple Parks and Recreation)**

|                 |                     |
|-----------------|---------------------|
| Organization:   | Duration:           |
| Contact Person: | Phone:              |
| Sport/Activity: | Reason For Leaving: |

### **Volunteer History #1 (List previous volunteer work below - do not list Temple Parks and Recreation)**

|                 |                     |
|-----------------|---------------------|
| Organization:   | Duration:           |
| Contact Person: | Phone:              |
| Sport/Activity: | Reason For Leaving: |

### **PLEASE READ BEFORE SIGNING**

I understand that the information that I have provided may be verified, and I authorize the City of Temple and City of Temple Parks and Recreation Department to conduct inquiries regarding my suitability as a coaching staff volunteer.

I understand that coaching staff volunteers are not covered by accident insurance or eligible for workers' compensation benefits through the City of Temple or City of Temple Parks and Recreation Department in case of personal injury while volunteering. However, in the event of a lawsuit arising from my volunteer activities, the City of temple provides liability coverage for my defense.

I acknowledge that the City of Temple and City of Temple Parks and Recreation Department may defer my volunteer rights pending the completion of a background check. I agree to indemnify and hold harmless the City of Temple and City of Temple Parks and Recreation Department from any liability arising from defamation, invasion of privacy, or any other claim resulting from actions taken in good faith under this consent.

**SIGNATURE:** \_\_\_\_\_

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



## CITY OF TEMPLE, GEORGIA

### CONSENT TO CONDUCT BACKGROUND CHECK

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
Position: ☐ Head Coach ☐ Assistant Coach ☐ Other \_\_\_\_\_ Age Group/Sport: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the City of Temple and the Recreation Department to conduct a background check to assess my qualifications for participation in the Recreation Department Programs. This background check includes, but is not limited to, a review of records to determine whether I have a criminal conviction or record.

By checking the appropriate letter(s), I certify that I **HAVE [H]** or **HAVE NOT [HN]** been convicted of, been arrested for, or currently charged with any of the following crimes:

- |                            |                             |                                                                                                             |
|----------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Simple Battery/Assault                                                                                      |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Aggravated Battery/Assault                                                                                  |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Cruelty to Children                                                                                         |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Contributing to the Delinquency of a Minor                                                                  |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Sexual Offense                                                                                              |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Violation of Any Controlled Substance Act                                                                   |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Alcohol-Related Violation                                                                                   |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Murder/Attempted Murder                                                                                     |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Terroristic Threats                                                                                         |
| <input type="checkbox"/> H | <input type="checkbox"/> HN | Any other crime that bears upon my fitness to have responsibility for the safety and well-being of children |

I understand that I have a right to obtain a copy of any background check report and to challenge the accuracy and completeness of any information contained in such report. I also acknowledge that if an initial record check reveals that I have been arrested for, convicted of, or am currently charged with any of the offenses listed above, I may be required to submit a classifiable fingerprint card.

I acknowledge that the City of Temple and the Recreation Department may restrict my unsupervised access to a child or children pending the completion of the background check. I further agree to hold harmless the City of Temple and the Recreation Department from any liability for defamation, invasion of privacy, or any other claim arising from actions taken in good faith under this consent.

#### ACKNOWLEDGEMENT

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please ensure accuracy and neat handwriting when completing the form.

**Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form**

I hereby authorize Temple Police Dept to conduct an inquiry for  
Agency/Company  
the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

|                   |      |               |                        |
|-------------------|------|---------------|------------------------|
| Full Name (print) | x    |               |                        |
| Address           | x    |               |                        |
| Sex               | Race | Date of Birth | Social Security Number |
| x                 | x    | x             | x                      |

☐ This authorization is valid for x days from date of signature.

☐ I, x, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

x x  
Signature Date

Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

| NON-CRIMINAL JUSTICE PURPOSES                   |   |                                                                    |
|-------------------------------------------------|---|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/>             | E | Employment Coach                                                   |
| <input type="checkbox"/>                        | M | Employment direct care with Mentally Ill/Developmentally Disabled  |
| <input type="checkbox"/>                        | N | Employment direct care with Elderly                                |
| <input type="checkbox"/>                        | W | Employment direct care with Children                               |
| <input type="checkbox"/>                        | P | Public Record (no consent required)                                |
| <input type="checkbox"/>                        | F | Probate Court/Weapons Carry License                                |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) |   |                                                                    |
| <input type="checkbox"/>                        | U | Personal Copy (stamp return "personal copy")                       |
| CRIMINAL JUSTICE EMPLOYMENT                     |   |                                                                    |
| <input type="checkbox"/>                        | J | Civilian Criminal Justice Employment (state and III data received) |
| <input type="checkbox"/>                        | Z | Sworn Criminal Justice Employment (state and III data received)    |

**This inquiry resulted in the following (check all that apply):**

|                          |                                                        |
|--------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | No criminal history available                          |
| <input type="checkbox"/> | Criminal history available (attached/released)         |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (list Wanting agency below) |
| <input type="checkbox"/> | Wanting Agency Name:                                   |
| <input type="checkbox"/> | Wanting Agency Telephone:                              |

Agency Designee Signature and Title



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## **COACHES CODE OF ETHICS**

- I will place the emotional and physical well-being of players ahead of personal desires 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 promise to review and practice 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 players/officials through actions and language.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- I will provide a sports environment that is free of drugs, tobacco, and alcohol, and will refrain from the use at 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 all the skills that I teach.
- I will remember that I am a youth sports coach, and the game is for children and not adults.

### **ACKNOWLEDGEMENT**

**SIGNATURE:** \_\_\_\_\_

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