



Glen Ellyn Park District Volunteer Coach Application

Thank you for your interest in being a Volunteer Coach. Completion of this application does not guarantee you a volunteer position. A staff member will contact you with next steps and confirm acceptance and placement.

Date of application: _____

PLEASE PRINT CLEARLY

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (cell) _____ (alternate) _____

Email address: _____

Have you volunteered with this agency before? _____ Yes _____ No

As a Volunteer Coach you will be responsible for the care and safety of multiple children. If accepted to be a coach, we will ask you to complete a waiver and we will run a criminal background check with the Illinois State Police and check the Sex Offender Listing. You are required to answer the following questions:

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted as, or found to be, a child sex offender? _____ Yes _____ No

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a Volunteer Coach, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the Glen Ellyn Park District.

Signature: _____ Date: _____

It is the policy of the Glen Ellyn Park District to provide equal opportunities without regard to race, color, age, religion, national origin, gender, sexual preference, veteran status, disability or any other legally protected basis. Please advise the Human Resources department if you need any accommodation to participate in the application process.

Coaching Contract

I understand that my responsibilities as a youth coach are of great importance and that my actions have the potential to significantly influence the young athletes I coach. Therefore, I promise to uphold the following rights of young athletes to the best of my ability.

- I. Right to participate in sports.
- II. Right to participate at a level commensurate with each child's maturity and ability.
- III. Right to have qualified adult leadership.
- IV. Right to play as a child and not as an adult.
- V. Right of children to share in the leadership and decision-making of their sport participation.
- VI. Right to participation in a safe and healthy environment free of intimidation or discrimination.
- VII. Right to proper preparation for participation in sports.
- VIII. Right to an equal opportunity to strive for success.
- IX. Right to be treated with dignity.
- X. Right to have fun in sports.

I also promise to conduct myself in accordance with the Code of Ethics for Coaches as given below.

1. I will place the emotional and physical wellbeing of my players ahead of any personal desire to win.
2. I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
3. I will do my best to provide a safe play situation for players.
4. I promise to review and practice the necessary first aid principles needed to treat injuries of my players.
5. I will do my best to organize practices that are fun and challenging for all my players.
6. I will lead through example by:
 - * Demonstrating fair play and good sportsmanship.
 - * Treating all players, coaches, officials and parents with respect and dignity.
 - * Refraining from smoking, drinking or other personal habits, which are inappropriate around youth sports during practice and games.
7. I will ensure that I am knowledgeable in the rules of each sport that I coach, and that I will teach these rules to my players.
8. I will use those coaching techniques appropriate for each of the skills that I teach.
9. I will remember that I am a youth coach, and that the game is for children and not adults.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understand, and will do my best to fulfill the promises herein. I further understand that failure to comply with this contract can result in my removal from this program as coach.

Signature of Coach

Date

Print Name

Sport(s)



VOLUNTEER WAIVER AND RELEASE

Please read this document carefully so that you fully understand your rights and responsibilities as a volunteer. Participation will be denied if the signature of the volunteer and date are not on this waiver.

I agree to serve as a volunteer for the Glen Ellyn Park District. I understand that my volunteer service with the District may be ended for failure to adequately perform my volunteer duties, for improper conduct while serving as a volunteer, or for any other lawful reason. I also acknowledge that the District recommends each person carry their own medical accident insurance, since worker's compensation benefits are not available to volunteers.

IMPORTANT INFORMATION

The Glen Ellyn Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all volunteers follow safety rules and instructions that are designed to protect the volunteers' safety. However, volunteers and parents/guardians of minors volunteering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs, whether as a volunteer or participant.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the volunteer is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant and, consequently, volunteers. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when volunteering in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up to volunteer in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Glen Ellyn Park District, including its officials, agents, employees, and other volunteers.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If applying on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer Name (Printed)

Volunteer Signature

Date

Parent/Guardian must sign if volunteer is under the age of 18

Date

**GLEN ELLYN PARK DISTRICT
VOLUNTEER CRIMINAL BACKGROUND CHECK
WAIVER AND RELEASE OF ALL CLAIMS FORM**

Please read this form carefully and be aware that by agreeing to allow the Glen Ellyn Park District to investigate your background with the Illinois State Police Bureau of Identification and/or the FBI, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my volunteer capacity with the Glen Ellyn Park District.

I agree to waive and relinquish all claims I may have as a result of participating in the criminal background check against the Glen Ellyn Park District and its officers, agents, servants, and employees.

I hereby fully release and discharge the Park District, their respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

I further agree to indemnify and hold harmless and defend the Glen Ellyn Park District, their respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with any of the activities of the criminal background check and review except for willful and wanton conduct.

I have read and fully understand this Waiver and Release of All Claims. Please Initial Here: _____

Printed Name: _____ City: _____ Zip: _____

Date of Birth: _____ Gender: (Circle or Mark Box) ☐ M ☐ F

Race: ☐ White ☐ Black ☐ Asian/Pacific Islands ☐ American Indian/Alaskan

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Volunteer Program: ☐ Softball ☐ Volleyball ☐ Soccer ☐ Basketball
☐ Baseball ☐ Lacrosse ☐ Running ☐ Cheerleading ☐ Football

FOR OFFICE USE ONLY

CBC Initiated Date: _____ CBC Initiated By: _____

CBC Results Received/Reviewed: _____ Sex Offender Check: _____

Entered/Updated on Volunteer Tracking Form: _____ Date: _____