

Hart County Recreation & Parks Department

Volunteer Background Check Policy

Hart County Recreation Department hereinafter will be known as HCRPD.

I. STATEMENT

In an effort to protect children who participate in programs with HCRPD, criminal background checks will be mandatory for all recognized volunteers.

II. DEFINITIONS

A head coach is recognized as being one who is responsible for scheduling and organizing practices, attends all practices, games, and any other team events, providing guidance and teaching skills to the participants and who is the primary contact with the HCRPD regarding team or player issues.

An assistant coach is recognized as being one who attends more than two practices or games during a season for the purpose of providing guidance and teaching skills to the participants. The assistant coach is responsible for organizing and scheduling practices in the head coach's absence. The assistant coach is the secondary contact with the HCRPD regarding team or player issues.

Any adult or teen, 18 or older, who is involved with a team, must meet the above criteria to be recognized as a coach, assistant coach, or volunteer. HCRPD reserves the right to limit the number of recognized coaches per team.

Only those persons officially recognized as head coaches, assistant coaches, or volunteers by HCRPD will be allowed to be on the sidelines during games and practices.

III. PROCEDURE

Coaching candidates must sign a *Release Form for Criminal History Background Checks*. This form gives HCRPD the right to check criminal history records and verify social security numbers. Any applicant who has lived in a state other than Georgia within the last 10 years is subject to a nationwide search. The Hart County Sheriff's Department will perform background checks. Reasons for being declined the opportunity to volunteer are attached to this policy. In some instances, factors of time may be taken into account when considering volunteer eligibility (i.e. length of time since disposition of certain offenses).

The signed *Release Form for Criminal History Background Checks* will be processed and the results will be reviewed by the Hart County Personnel Department. **All information is strictly confidential and kept in a locked file.** A decision will be made and the Recreation Director will be notified if a volunteer applicant is eligible to participate in the program. If a volunteer applicant wishes to dispute or discuss the results of his/her background findings they may appeal in writing to the Recreation Director. Since the background reports are kept confidential and are not seen by anyone other than the Personnel Representative, the applicant must provide a copy of their background report for the appeal process and a written release authorizing review by the

Recreation Advisory Board and the Recreation Director. It will be reviewed by the Recreation Director and the Recreation Advisory Board who shall, at their discretion, determine the volunteer applicant's eligibility and suitability to participate in the HCRPD's programs as a volunteer. The decision on this appeal is final. All criminal history record information and the decision results will be kept on file for 3 years.

Volunteers are required to notify the HCRPD within 48 hours if arrested at anytime during their volunteer term. Any volunteer who is arrested will immediately be relieved of his/her volunteer responsibilities and suspended until disposition by the courts. A conviction of a listed offense will result in termination of volunteer eligibility as stated in this policy.

IV. TIME FRAME

All volunteer candidates will be checked one time annually before the current season's first practice. This background check will also be valid for other programs during that calendar year.

Hart County Recreation Advisory Board Members:

Chairman: _____	Vice Chairman: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	

Recommended: November 22, 2010

Hart County Board of Commissioners:

Board Chairman: _____	Vice Chairman: _____
Commissioner: _____	Commissioner: _____
Commissioner: _____	

Adopted: November 23, 2010

Ratified: November 23, 2010

The following is a sample, but not complete, list of offenses that would prohibit a volunteer candidate from participating in a HCRPD sponsored program:

A. The following carry a 5 year ineligibility period from coaching in any HCRPD youth programs.

1. Marijuana possession - misdemeanor*
2. DWI/DUI/BWI/BUI*
3. Vehicular Homicide.

B. The following carry a 10 year ineligibility period from coaching in any HCRPD youth programs.

1. Any sort of abuse or assault/battery – physical or sexual
2. Domestic violence
3. Child neglect
4. Felony drug crimes
5. Animal cruelty
6. Theft/robbery
7. Forgery/fraud
8. Kidnapping
9. Arson
10. Weapons violations

C. The following carry LIFETIME ineligibility from coaching in any HCRPD youth programs.

1. Rape
2. Any crime of a sexual nature, including the possession or dissemination of pornography
4. Homicide or manslaughter in any degree, other than vehicular homicide.
5. Attempted murder
6. Any crime, misdemeanor, or felony, involving children as either an accomplice or victim

D. Any other action that bears upon the fitness to have responsibility for the safety and well being of children.

* If a first offense and not currently under probation – eligible.

Two or more violations have occurred or currently on probation – ineligible

HCRPD/NYSCA 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 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 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 all 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.
- By my example, I will encourage my team parents to demonstrate positive support for all players, coaches, and officials at every game or practice.

I have read the above Code of Ethics and fully agree to abide by and support it as a volunteer coach for the Hart County Recreation & Parks Department. I understand and agree that the HCRPD may relieve me of my duties as a volunteer coach for violation of the Code of Ethics, or for any other determination that my participation as a volunteer coach is not in the best interest of the HCRPD and its program participants

Signature: _____

DATE: _____

Office Use Below

Name: _____

Team: _____

Age Group: _____

Background check results: _____
Accepted or Rejected

Date: _____

Coaches Certification Type: _____

Date: _____ Number: _____

Volunteer Incident Log

<i>Date</i>	<i>Incident</i>	<i>Action Taken</i>	<i>Staff initials</i>
1			
2			

**HART COUNTY RECREATION & PARKS DEPARTMENT
200 Clay Street
Hartwell, GA 30643
(706) 376-8528 (office)**

CONSENT TO CONDUCT CRIMINAL HISTORY REPORT

Please legibly **print** and **fully complete** the following information:

_____	_____	_____
Last Name	First Name	M. I.
_____	_____	_____
Social Security #	Date of Birth	Sex Race

Street Address: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned, authorize the Hart County Board of Commissioners Representative to receive my criminal history record from the Hart County Sheriff's or Hartwell Police Department.

Signature

Date

-----*Official Use Below*-----

- There is no Criminal History Record found on this subject.
- The Criminal History Record found on this subject is attached.

Signature of Hart Co. Sheriff's Deputy

Date

HART COUNTY RECREATION & PARKS DEPARTMENT
Volunteer Application

Please **print** the following information:

Name: _____ Email Address: _____

Address: _____ City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Applying for: Head Coach* Asst. Coach Other _____

Sport/Program: (Please circle) **Football** **Cheerleading**

Age Group: 6U 7U 8U 9U 10U 11U Flag Cheer Male Female

Please list your child's name and the age group they wish to participate in:

Childs Name: _____ Age group: _____

Sibling: _____ Age group: _____

Sibling: _____ Age group: _____

Returning from last season: yes or no **Team Name:** _____

Years Coached (in Rec.): First Year under 5 yrs. 6-10 yrs 10+yrs

Have you ever been arrested? If so, what were the charges and which state? _____

Please List Any Special Qualifications/Certifications: _____

Please List Two References with Name, Phone Number, and Relationship to You (not immediate family):

Volunteer Signature

Date

NOTES BY COACHES: _____



**Hart County Recreation and Parks Department
Concussion Awareness Policy and Procedures
Approved by Hart County RAB – January 20, 2014**

VOLUNTEER/CONTRACTOR/TRAINER ACKNOWLEDGEMENT
OF
CONCUSSION AWARENESS POLICY AND PROCEDURE

I, _____, a volunteer/contractor/trainer affiliated with the Hart County Recreation and Parks Department (“Department”), understand that the intent of the Department’s Concussion Awareness Policy and Procedures is to reduce the potentially serious health risk associated with sports- and activity-induced concussions and head injuries through education of coaches, referees, employees, instructors of at-risk activities, trainers, parents, and participants of the signs, symptoms and behaviors consistent with sports- and activity-induced concussions. I understand that the Department cannot prevent concussions, and/or injuries to the head and/or body, from occurring during the course of recreation sporting events, practices, and competitions.

I further understand that the Department requires that any participant, under the age of 18, suspected of a concussion or head injury must be removed from the activity and it is recommended that the participant be examined by a licensed health care provider. If a participant is deemed by a licensed health care provider to have sustained a concussion, Department personnel or other designated personnel (volunteers, contractors, and/or trainers) shall not permit the participant to return to play until he or she receives documented clearance from a licensed health care provider for a full or graduated return to play.

I further understand and acknowledge that the Department’s adoption of the Concussion Awareness Policy and Procedures shall not create any liability for, or create a cause of action against Hart County, the Department, or their officers, employees, volunteers or other designated individuals for any act of omission to act related to the removal or non-removal of a participant from a Department activity.

I further understand and acknowledge that as a volunteer/contractor/trainer, I must complete the free online training provided by the CDC on the recognition of concussion symptoms and injuries in youth athletes which is found at http://www.cdc.gov/concussion/HeadsUp/online_training.html. Additional information is available at <http://www.cdc.gov/ConcussioninYouthSports/> and www.nfhslearn.com.

Volunteer/Contractor/Trainer Name (PRINT)

Volunteer/Contractor/Trainer (SIGNATURE)

Date