



# Lancaster County Parks and Recreation Youth Sports Volunteer Application

260 S. Plantation Rd, Lancaster, SC 29720  
Office: (803) 285-5545 Fax: 285-3564

**\*Must be completed by any applicant 18 years of age and older. A background check will be conducted following this application. Please complete attached Background Check Authorization form and submit along with application.**

Position Volunteering For:  Head Coach  Assistant Coach

Age Group: \_\_\_\_\_

Sport(s): Circle all that you are interested in:

Soccer Basketball Softball Baseball Tackle Football Flag Football Swim Team Volleyball T-Ball

Your Name (Please Print Clearly):

First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## Volunteer Youth Coaching Contract

I understand that my responsibilities as a volunteer youth coach are of great importance and that my actions have the potential to significantly influence the young athletes whom I coach. Therefore, I promise to conduct myself in accordance with the Code of Ethics for Coaches. I will:

- Consider it a honor and a privilege to coach the young people of our community.
- Treat each player, opposing coach, official, parent and administrator with respect and dignity, and will instruct my players and their parents to do the same.
- Do my best to learn the fundamental skills, teaching and evaluation techniques, rules, and strategies to increase my players' self-esteem and help foster in them a true sense of enjoyment if the sport in which they are engaged.
- Teach the principles of fair play and sportsmanship to my players and model these principles for them at all times.
- Observe all player participation rules and strive to make each player feel as is he/she is a valuable member of the team regardless of any physical or developmental limitations he/she may have.
- Uphold the authority of the officials who are assigned to my sport.
- Learn the strengths and weaknesses of my players so that I might place them into situations where they have a maximum opportunity to achieve success in practices and games while they improve their skill level.
- Protect the health and safety of my players by encouraging safe play at all times and report any unsafe playing conditions to the program supervisor as soon as I am able to.
- Refrain from all manner of personal abuse and harassment of others, whether verbal, physical, emotional, or sexual.
- Refrain from using any illegal substances or tobacco products, or imbibing alcohol in the presence of my players or on park property.
- Report any conduct that violates this code or adversely affects the positive, kid-friendly environment of any LCPR program.

(Note: Completion of this application does **not** guarantee the applicant a coaching position. LCPR also reserves the right to accept or decline any applicant for any reason. If coaches are needed for the sport you chose, an LCPR program supervisor will call to see if you are still available.)

\*\*I hereby certify that the foregoing statements are true and correct. I agree that my acceptance to volunteer as coach for LCPR will be based solely on the discretion of LCPR staff upon completion of a background check.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only			
Date Background Check Conducted:	Circle One	Approval/Denial Date	Admin Initials
	Approved or Denied		

CONFIDENTIAL

Background Check Authorization

PLEASE PRINT CLEARLY:

\*Print Name: (First) (Middle) (Last)

Former Name(s) and Dates Used:

Maiden Name

\*Current Address Since: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

\*Social Security #: \*DOB:

\*Telephone Number:

\*Driver License # / State:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Lancaster County Parks & Recreation (LCPR) and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to LCPR or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

LCPR and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Sport/Activity: Team Name

Email Address:

Signature: Date:

\*Required for processing. No exceptions. All information is confidential.