

DARE COUNTY PARKS & RECREATION COACH/VOLUNTEER APPLICATION

Date of Application _____/_____/_____
Sport/Year _____

Please print legibly

All information must be completed

NAME _____

PO BOX _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #'S—(H) _____ (W) _____ OTHER _____

VOLUNTEER TYPE COACH ASSISTANT COACH VOLUNTEER INDEPENDENT GROUP

Your personal playing experience — Youth League High School College Pro

Please indicate the # of years you have served as a: Head Coach _____ Assistant Coach _____

I Prefer: Boys Girls Ages: _____ Will you have a child participating? _____

Where and in what year was your most recent experience as a volunteer coach?

Location: _____ Sport: _____ Year: _____

Please list 2 references regarding your coaching experience. Failure to list references may exclude you from consideration as a volunteer coach with the Dare County Parks & Recreation Department.

PERSONAL/PROFESSIONAL REFERENCES	OCCUPATION	PHONE

Do you have current CPR certification? _____ Expiration Date: _____/_____/_____

Do you have current NYSA certification? _____ Expiration Date: _____/_____/_____

Have you ever been convicted of a misdemeanor or felony? _____ If yes, list date and explain on the reverse side of this application.

Do you have current pending criminal charges? _____ If yes, please explain on reverse.

STATEMENT OF WAIVER AND UNDERSTANDING

I understand and agree that the County of Dare has the right to do a criminal background check on any volunteer at any time. I certify that the answers given on this application are true and complete. I authorize the County of Dare to complete a criminal history records check in accordance with the Dare County Ordinance and I authorize an investigation of all statements contained in this application. I understand that false or misleading information given or refusal to submit to a criminal history records check will prevent or terminate my participation as a volunteer. I understand that I am required to abide by all rules, regulations, policies and code of conduct of the Dare County Parks & Recreation Department and the County of Dare. Therefore, as a participating volunteer I will notify the Dare County Parks & Recreation Director or the Division Coordinator within 24 hours of the time that I become the subject of a criminal investigation by law enforcement or a child protective services investigation by any Department of Social Services. I further certify that I am not now, nor have been the subject of a child protective investigation or any similar such investigation conducted by a Department of Social Services in North Carolina or any other state.

Signature: _____ Date: _____

AN ORDINANCE TO AUTHORIZE THE COUNTY OF DARE
TO ACCESS CRIMINAL HISTORY RECORDS OF
DARE COUNTY PARKS & RECREATION DEPARTMENT
PROSPECTIVE EMPLOYEES AND VOLUNTEERS

WHEREAS, the Dare County Parks & Recreation Department retains numerous volunteers as well as full-time employees to assist in the operation of its programs; and

WHEREAS, said department of the County of Dare permitted under proper authority to access criminal history records of prospective employees and volunteers;

NOW, THEREFORE, BE IT ORDAINED by the Dare County Board of Commissioners that Chapter 130 of the Dare County Code is amended by adding a Section which reads as follows;

SECTION 1. Criminal History Record Checks.

- (A) The Director of the Dare County Parks & Recreation Department (Hereinafter "DCPRD") is authorized to obtain criminal history record information for job applicants and volunteers for the Department. The Sheriff or his designee shall provide the findings made through the use of the DCI computer network to the Director of DCPRD of the County of Dare or his designee provided that the DCPRD has executed all necessary agreements with the State Bureau of Investigation, Division of Criminal Information.
- (B) Each applicant for an employee or volunteer position with the DCPRD shall provide it with his or her full legal name, address, and telephone number. Each applicant shall display to the DCPRD a valid North Carolina driver's license (or some other form of equally reliable picture identification) and his or her social security number as a means of identification. Each applicant shall sign a written consent for the DCPRD to obtain a criminal history records check.
- (C) In the event that the criminal history records show the conviction of any felony or any offense against public morality and decency as set forth in Article 26, Chapter 14 of the North Carolina General Statutes, then the applicant shall be denied employee or volunteer status.

SECTION 2. All ordinances or partial ordinances in conflict with this ordinance are hereby repealed. If any section, paragraph, subdivision, clause or provision of this ordinance shall be judged invalid, such portions shall be severable and the remainder of the ordinance shall be deemed valid and effective.

SECTION 3. This ordinance shall be effective upon adoption.

This the 5th day of November, 2007.

DARE COUNTY BOARD OF COMMISSIONERS

By: _____
Chairman

ATTEST:

Clerk

REQUEST FOR NORTH CAROLINA STATE CRIMINAL HISTORY

FULL LEGAL NAME _____ NICKNAME _____

DATE OF BIRTH ____/____/____ GENDER _____ RACE _____

SOCIAL SECURITY # ____ - ____ - ____ DRIVER'S LICENSE # _____ STATE _____

PO BOX _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #'S—(H) _____ (W) _____ OTHER _____

PREVIOUS ADDRESSES:

STREET/PO BOX _____ CITY _____ STATE ____ ZIP _____

STREET/PO BOX _____ CITY _____ STATE ____ ZIP _____

STREET/PO BOX _____ CITY _____ STATE ____ ZIP _____

The above requested information is necessary to determine eligibility for prospective employees and volunteers for our Department. I agree that its use is for this purpose alone and for no other, and that neither I, nor any of my employees, shall make any other or further use of such information, including confirming the existence or non-existence of a criminal record. I understand that in **NO** case shall CHRI obtained from DCI be released to or reviewed by anyone other than myself or my designee and that I will be responsible for the security and privacy of the CHRI received.

Requestor's Name: _____ TIM WHITE, DIRECTOR _____

Requester's Signature: _____

Department: _____ DARE COUNTY PARKS & RECREATION _____

Date of Request: _____

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