

**TOWN OF CLOVER  
PARKS AND RECREATION  
Volunteer Background Screening Policy**

Purpose

The Criminal Background Screening Policy is in effect to protect participants being served by volunteers and game staff in all youth programs offered by the Town of Clover Parks and Recreation Department ("Department").

Policy Statement

At the minimum, an annual background screening shall be conducted for all volunteer Coaches and Assistant Coaches (up to 3). Other volunteers that work with youth programs may be required to have a background screening at the volunteer's expense. Coaches and Assistant Coaches are not authorized to have access to children until a background screening has been processed and approved by the Department.

Confidentiality

All information contained in the Volunteer Application and the findings from the screening will be held in confidence. Information is not shared with outside organizations or individuals without a business need to know.

Screening Process

1. The Background Check Authorization must be completed and signed by the volunteer and submitted to the Department along with the Volunteer Application and Code of Conduct & Ethics policy. Additional information such as social security number verification may be requested.
2. All screenings are performed by the Recreation Director or by a Program Coordinator and shall include, but may not be limited to, the following reviews:
  - a. Names are checked against a national Sex Offender Registry.
  - b. Names are submitted in a nationwide search database.
3. If a Disqualifier is discovered, the Director will notify the volunteer and will provide a copy of the screening report showing the disqualifying offense. The volunteer may withdraw their name from consideration or request an appeal.

**The Department is under no obligation to accept any applicants and reserves the right to select or reject applicants based on what it deems to be in the best interest of its programs and participants.**

Background Screening Disqualifiers (NRPA recommended guidelines)

Applicants found guilty of the following crimes shall normally be disqualified and prohibited from serving as a volunteer:

1. **All sexual offenses**, regardless of the amount of time since the offense. Examples include, but are not limited to: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, and indecent exposure.

2. **All felonies that constitute offenses against a person**, regardless of the amount of time since the offense. Examples include but are not limited to: murder, manslaughter, aggravated assault, kidnapping, robbery, and aggravated burglary.
3. **All felony offenses other than those against a person** within the past ten (10) years. Examples include, but are not limited to: drug offenses, theft, embezzlement, fraud, child endangerment, burglary.
4. **All misdemeanor violence offenses** within the past seven (7) years. Examples include, but are not limited to: simple assault, battery, domestic violence, hit & run, etc.
5. **Any other misdemeanor offenses** within the past five (5) years that would be considered a potential danger to children. Examples include, but are not limited to: contributing to the delinquency of a minor, providing alcohol to a minor, etc.
6. **Misdemeanor drug and alcohol offenses** within the past five (5) years or multiple offenses in past ten (10) years. Examples include, but are not limited to: driving under the influence, simple drug possession, drunk and disorderly, public intoxication, etc.

The determination of the category of an offense not noted in the examples will be made by the Clover Police Chief.

#### Appeal Process

The applicant may dispute and/or provide information on any mitigating or extenuating circumstances by requesting a review by the Department. The Director and other Department staff as determined by the Director will meet with the applicant to discuss the findings and consider any mitigating or extenuating circumstances. The Director will make a determination on eligibility. If the applicant is not satisfied with the decision of the Director, he/she may request a review by the Town Administrator whose decision on the applicant's eligibility will be final.

#### Pending Cases

Any applicant or current volunteer who has been charged with any of the disqualifying offenses will not be allowed to continue participation until disposition of the charge.

A current volunteer must immediately inform the Department of any charge(s) filed against them which, if convicted, would cause them to be disqualified as stated in this policy. Failure to do so may result in further penalties including permanent disqualification.

**The Background Screening Process is an ongoing process and is subject to review and change as determined necessary by the Clover Parks and Recreation Department to safeguard program participants.**

## Volunteer Head Coach Application

1. Full Name: \_\_\_\_\_
2. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Did you coach in the previous Spring, Fall, or Winter season? Yes\_\_ No\_\_
6. Sport you are interested in coaching: \_\_\_\_\_
  - A. Have you ever played this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_
  - B. Have you ever coached this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_If Yes, provide details \_\_\_\_\_
7. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_  
Shirt Size S M L XL XXL  
Team Color: \_\_\_\_\_  
Any conflict dates your team cannot play: \_\_\_\_\_  
Preferred practice days: \_\_\_\_\_

### Coaches Shirts:

Each team will get two (one for the Head Coach and one for an Assistant Coach) coaches shirts and hats. Each shirt and hat ordered besides the first two will be considered extras and will not be ordered until payment is received.

## Volunteer Assistant Coach Application

1. Full Name: \_\_\_\_\_
2. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Did you coach in the previous Spring, Fall, or Winter season? Yes\_\_ No\_\_
6. Sport you are interested in coaching: \_\_\_\_\_
  - A. Have you ever played this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_
  - B. Have you ever coached this sport? Yes \_\_\_\_\_ No \_\_\_\_\_ Years of Exp. \_\_\_\_\_If Yes, provide details \_\_\_\_\_
7. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_  
Shirt Size S M L XL XXL  
Team Color: \_\_\_\_\_  
Any conflict dates your team cannot play: \_\_\_\_\_  
Preferred practice days: \_\_\_\_\_

### Coaches Shirts:

Each team will get two (one for the Head Coach and one for an Assistant Coach) coaches shirts and hats. Each shirt and hat ordered besides the first two will be considered extras and will not be ordered until payment is received.

## Team Parent Information Form

1. Full Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

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

3. Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Were you a team parent in the previous Spring, Fall, or Winter season? Yes\_\_\_ No\_\_\_

6. Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_

## Coach's Code of Conduct

We all have a responsibility to promote high standards of behavior in youth athletic programs. Remember youth athletic program participation is a time for participants to develop their technical, physical, tactical and social skills. Winning isn't everything. Play your part and observe the Clover Parks and Recreation Department's Parent and Spectator Code of Conduct & Ethics.

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*On and off the field, I will:*

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- Show respect to others involved in the game including game officials, opposition players, coaches, managers, spectators and program administration staff
- Adhere to the rules and spirit of the game
- Promote fair play and high standards of behavior
- Always respect the game official's decisions
- Never enter the field of play without the officials' permission
- Never engage in public criticism of the game officials
- Never engage in, or tolerate, offensive, insulting or abusive language or behavior

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*When working with players, I will:*

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- Place the well-being, safety and enjoyment of each player above everything else, including winning
- Explain what I expect of players and what they can expect from me
- Ensure all parents/guardians of all players understand these expectations
- Never engage in or tolerate any form of bullying
- Develop mutual trust and respect with every player to build their self-esteem
- Encourage each player to accept responsibility for their own behavior and performance
- Ensure all activities I organize are appropriate for the players' ability level, age and maturity
- Cooperate fully with others in youth athletics (e.g. officials, doctors and physiotherapists) for each player's best interests

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*I understand that if I do not follow the Coaches Code of Conduct & Ethics, any/all of the following actions may be taken by the game officials or the Clover Parks and Recreation Department:*

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- Immediate dismissal from a game
- Required to meet with program administration staff
- Placed on probation
- Suspended from attending games/activities
- Relieved of my duties as a coach

In addition, the Clover Parks and Recreation Department has adopted a No Tobacco Policy which includes electronic cigarettes. This policy states that participants and spectators must refrain from using tobacco and alternative nicotine products at all Clover Parks and Recreation Department sponsored events and parks that are maintained by the Town of Clover.

I have read the above information and accept these conditions as part of my commitment to the Clover Parks and Recreation Department's youth athletic programs.

Coach Name \_\_\_\_\_ Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**  
**CONFIDENTIAL**

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

List Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

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

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

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

Have you ever been convicted or are there charges pending of a Felony or Misdemeanor Crime? Yes \_\_\_ No \_\_\_

If Yes, provide details: \_\_\_\_\_

I, the undersigned, hereby authorize and give consent for the Town of Clover Parks and Recreation Department to obtain information regarding myself. Information may include the following:

- Criminal background records/information
- Sex Offender Registry checks
- Addresses
- Social Security verification

I authorize this information to be obtained either in writing, via telephone, or digitally in connection with my Volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

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

*OFFICE USE ONLY:* Date of BG Check \_\_\_\_\_ Disqualifications? Yes No Completed By \_\_\_\_\_

