Finger Prints are done on Tuesdays and Thursdays ONLY at the Livingston Police Department from 7am – 12pm &1pm – 3pm at no charge to you. We advise you to call the PD prior to going to be sure the Live Scan Operator is available 394-7916.

City of	-Office use only- Initial when completeApplication complete						
Volunteer's Full Na	me	st	36:111	Last			Photo ID
	Fir	st	Middle	Last			Live Scan
Mailing Address				Ap	t		Cleared Date
City:				State:_	Zip:_		File Made
Phone Number			Cell/T	ext			Logged
Driver's License			*emai	l:			
Basketball		_Baseball		Girls S	oftball	Socce	r
Volleyball		_Other					
Head Coach _	Assis	tant Coach		Age	e Level/Divi	sion Request	ting
1. Do you have a coa	aching certi	fication?		YES	NO		
2. Have you coached If so When? Where? &		?		YES	NO		
3. Have you played to If so When? When? &			sting? _	YES	NO		
4. What is your coac	hing philos	ophy? (wir	ıning, ha	aving fun, disci	pline, teachi	ing team wor	rk)
5. Are you willing to Supervisor/Coord (what drills to us, advi	linator?	YES		_NO		ng	
6. Have you had fist	aide trainin	ıg?	_YES	NO			
7. What is your prob	ability of at	tending (pl	ease circ	ele the estimate	d % of time	)	
Practices?	All M	lost Some	e(half)	A few (1/3)			
Games?	All M	lost Some	e (half)	A few (1/3)			
Tournaments?	All M	lost Som	ne (half)	A few (1/3)			
8. Are you willing to Coaches, Players				ngston Recreati	ion's Code o	of Ethics for	

MIGSTON

## City Of Livingston Recreation Volunteer Coach Application

All volunteers or employees who have routine access to children (anyone under the age of majority) must consent to be screened by the City Of Livingston before he/she is allowed to have routine access to children in any City of Livingston programs. In Signing to application, you agree to allow the City of Livingston or assigned agency to perform a criminal background check on you. This will include fingerprinting.

a. I have not been convicted (including crimes the record of which has been expunged or pleas of "no contest"), disciplined, or discharged from employment for committing or attempting to commit crimes in the area of:

F . 8			
-child abuse	-Sexual abuse of a minor	-physical abuse	
-murder	-man slaughter	- felony assault	
-kidnapping	-arson	-criminal sexual conduct	
-neglect of a child	-abuse causing a child's death	-prostitution related crimes	
-Child pornography	-child exploitation	-controlled substance crimes	
-juvenile prostituting or p	pimping		
United States which	icted of any offense in any other state if committed or attempted in this state foregoing enumerated offenses	<u> </u>	

- as one or more of the foregoing enumerated offenses.
- c. I have not been adjudged liable for civil penalties or damages involving sexual or physical abuse of children.
- d. I have not been subjected to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection.
- e. I have not ever had my parental rights terminated.
- f. I understand that I have an ongoing obligation as a volunteer of this organization to promptly report any conviction in those areas described above. (If you have committed or attempted to commit any of these crimes, please explain the circumstance related to the situation on a separate sheet of paper.)

By signing the application you are designating that all of the above statements true and correct.

Signed:	 	 
_		
Date:		