

## Youth Basketball Coach's Application

Name: \_\_\_\_\_

Over 18 years old    YES \_\_\_\_\_    NO \_\_\_\_\_

EMAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**League Coaching: (please circle one)**

3-5 grade girls

6-8 grade girls

3-4 grade youth

5-6 grade youth

7-8 grade youth



(Lake) Youth Basketball Coach

**Douglas County**  
**VOLUNTEER**  
**Agreement & Emergency Contact Information**  
(Please Print)

**Volunteer Agreement**

Name of Volunteer \_\_\_\_\_

In reference to this Agreement, it is understood that Douglas County is a governmental entity.

The volunteer agrees to volunteer his/her services to Douglas County in the position of:

Youth/Teen Basketball Coach for DOUGLAS COUNTY PARKS & RECREATION  
Position Department

01 November 2018

31 March 2019

Date Agreement Begins

Date Agreement Ends

Volunteer agrees:

- 1) To perform this service for Douglas County for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered;
- 2) To offer this service freely and without pressure or coercion, direct or implied, from Douglas County; and
- 3) That he/she is not employed by Douglas County to perform the same type of services as those for which he/she is agreeing to volunteer.

Volunteer realize that Douglas County is depending on his/her services. If for a serious reason, the volunteer cannot keep this commitment, the volunteer will notify his/her supervisor in advance.

**Emergency Contact**

Volunteer understand that the following information will only be used to contact the designated person listed below in a medical or incident emergency by the business staff listed above. Volunteer further understand that the above business may furnish first aid care, including but not limited to, transportation of volunteer by paramedical personnel to a facility where defined medical care can be provided at no expense to the listed business.

Emergency Contact \_\_\_\_\_  
(Please Print Name)

Emergency Contact Number: \_\_\_\_\_ Please  one:  Cell Phone  Home Phone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Of Volunteer)

(Lake) Youth Basketball Coach



**Douglas County**  
**VOLUNTEER RELEASE OF LIABILITY**  
(Please Print)

Adult  Child

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_\_  
Are you at least 18 years of age?  Yes  No  
If no, Please state your age: \_\_\_\_\_

Address: \_\_\_\_\_

(Street / PO Box) \_\_\_\_\_ (City) (State) (Zip) \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
(Day Phone) \_\_\_\_\_ (Evening Phone) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number (if applicable): \_\_\_\_\_

Position Volunteering: Youth Basketball Coach Inclusive Dates: 1 November 2018 – 31 March 2019

In reference to this waiver and release, it is understood that Douglas County is a governmental entity formed under

**Assumption Of Risk:** I understand that there are inherent risks in the activity I am volunteering for and that anyone participating in such an activity may be exposed to the risk of bodily injury and/or property damage due to the nature of such activities. I acknowledge that I have read and have initialed the inherent risks noted on the back of this waiver and release and I agree to assume such risks for myself of this activity.

**RELEASE OF LIABILITY:** I hereby, for myself, for my minor, and/or for my heirs, executors, and administrators, do hereby **RELEASE, HOLD HARMLESS, AND INDEMNIFY** Douglas County, the organizers and/or sponsors of this activity, its officers, representatives, agents, trustees, and employees, from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my or my minor child's participation in this activity.

**Declaration:** I declare that I have read and understand the contents of this form including the inherent risks noted on the back of this form. I am aware that this is a **RELEASE OF LIABILITY** and a contract between myself. /minor child noted above and DC and sign it of my own free will.

Name of Participant (Parent / Guardian if Volunteer is a Minor): \_\_\_\_\_

(Please Print)

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

(Over)

**THIS IS A RELEASE OF LIABILITY**

**INHERENT RISKS IN THE ACTIVITY AS NOTED**

The inherent risks of **Youth/Teen Basketball Coaching** are hereby defined, but not limited to this definition, as those dangers or conditions, which are an integral part of the activity. Inherent Risks defined are:

**PULLED MUSCLES, SPRAINED JOINTS, CONTACT BRUISES AND FALLING INJURIES.**

Such inherent risks can result in personal, bodily injury including death and/or property damage. I acknowledge by my initials below that I have read and understand the inherent risks of this activity and do hereby accept the inherent risks noted above.

\_\_\_\_\_  
(Initial of Participant or parent/guardian of minor child)

Page 2 of 2

**(Lake) Youth Basketball Coach**



## Douglas County VOLUNTEER APPLICATION

### Douglas County (DC) Is An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Are you 16 years of age or older?  Yes  No

Volunteer Position Applying For: \_\_\_\_\_ Department: \_\_\_\_\_

Have you been given a job description or had the requirements of the job explained to you?  Yes  No

Do you understand the job requirements?  Yes  No

Are you currently employed by DC in any capacity?  Yes  No

If Yes, what department? \_\_\_\_\_ Job title: \_\_\_\_\_

If you are not a current employee of DC, have you previously worked for DC?  Yes  No

If Yes, in what capacity and when? \_\_\_\_\_

Days Available to work as a volunteer (Circle All That Apply) M T W T F S S

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Optional, unless required for the position for which you are now applying.)

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction?  Yes  No

(A conviction or guilty plea will not necessarily disqualify you from volunteer work with DC.)

If yes, list all such offenses and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

\_\_\_\_\_

Have you ever been disciplined in your employment related to workplace violence?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you presently use illegal drugs?  Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT**

Provide information regarding paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent experience. It is only necessary to list volunteer work, training, employment, or military service which relates to the activities for which you are offering to volunteer. Use additional sheets if necessary.

May we contact the employer listed?  Yes  No

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hours per week: \_\_\_\_\_  Paid or  Volunteer

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hours per week: \_\_\_\_\_  Paid or  Volunteer

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hours per week: \_\_\_\_\_  Paid or  Volunteer

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hours per week: \_\_\_\_\_  Paid or  Volunteer

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Paid or Volunteer Assignments:

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**ACKNOWLEDGMENTS**

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, please contact: \_\_\_\_\_.

This is an application for a volunteer position. Application for paid positions must be made on a separate, DC application form. \_\_\_\_\_

I authorize DC to contact any employer or individual that I have listed on my volunteer application and/or résumé or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for volunteering with DC. \_\_\_\_\_

In exchange for DC's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to DC upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including DC, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations. \_\_\_\_\_

I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from DC. I recognize that I will not receive nor do I expect compensation for the services I am offering. It is not my purpose or my expectation that my services are in preparation for employment with DC. \_\_\_\_\_

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Lake) Youth Basketball Coach**



## Douglas County Human Resources

1594 Esmeralda Ave.

Minden, NV 89423

(775) 782-9860 Fax (775) 782-9083

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### PRE-EMPLOYMENT/VOLUNTEER WAIVER & LIABILITY RELEASE

In consideration of the processing of my application for the position of \_\_\_\_\_ with Douglas County, I understand that Douglas County Human Resources will be conducting an in depth background investigation to determine my fitness to hold this position. I do hereby irrevocably agree to the following:

#### RELEASE OF INFORMATION

I hereby authorize, for a period of one (1) year from the date of signature on this document, any representative of Douglas County bearing this release, or a copy of this release, to obtain information from your files pertaining to my employment, and/or credit, and/or educational qualifications including, but not limited to, personal, non-medical history; applications for employment; disciplinary, and other personnel records; wage and salary information; attendance records; records of academic achievements and/or, athletics; and criminal records. This includes any and all information including confidential and privileged information, employment personnel files, any sealed data or materials, information agreed to be withheld pursuant to any prior agreement or court proceedings involving disciplinary matters, and any other information or opinions the record holder may have.

This release is executed with full knowledge and understanding that the information is for the official use of Douglas County. Information, as is described above, shall be used in the course of fulfilling its official responsibilities.

#### WAIVER OF LIABILITY

I hereby release you, as the custodian of such records, and any school, college, university, law enforcement agency, other educational institution, credit bureau, lending institution, consumer reporting agency or retail business establishment or other entity, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance or any attempt to comply with this authorization and release

#### INVESTIGATION DISCOVERY WAIVER

I hereby acknowledge the information obtained during this background investigation is confidential and will not be released to me, the applicant. I hereby waive, without any reservation, any right I may have now or in the future to examine, review, or otherwise discover the contents of this background investigation and all related documents therein.

\_\_\_\_\_  
Applicant name (print)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witnessed By







## CIVIL APPLICANT WAIVER

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of submitting agency) Douglas County that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:  
**16.34 – Procedure to obtain change, correction or updating of identification records.**  
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of the requesting agency) Douglas County to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Submitting Agency: Douglas County Human Resources

Address: P.O. Box 218, Minden, Nevada 89423

Agency representative: Lehr, Whitney R  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

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