



**Recreation Board**

17425 Snyder Road Chagrin Falls, Ohio 44023-2728  
 Phone (440) 543-2552 Fax (440) 543-2850  
<http://www.kenstoncommunityed.org>

**VOLUNTEER APPLICATION FORM**

Date of Application \_\_\_\_\_

Position Applying For:

- Commissioner (Sport \_\_\_\_\_)
- Head Coach (Sport \_\_\_\_\_)
- Assistant Coach (Sport \_\_\_\_\_)
- Advisory Board (Sport \_\_\_\_\_)
- NYSCA Coordinator
- PAYS Coordinator
- Volunteer Coach

**PERSONAL DATA**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: Male / Female

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

**REFERENCES**

Please list 3 references not related to you.

NAME	RELATIONSHIP	PHONE

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Have you ever been arrested, charged or convicted of a crime? \_\_\_\_\_  
If yes, please explain details:

\_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect? \_\_\_\_\_  
If yes, please explain details:

\_\_\_\_\_

Have you ever had or do you have a problem with drugs and/or alcohol? \_\_\_\_\_  
If yes, please explain details:

\_\_\_\_\_

Why do you want to volunteer with Kenston Community Education?

\_\_\_\_\_

\_\_\_\_\_

What experience do you have working with children?

\_\_\_\_\_

\_\_\_\_\_

What experience do you have related to this volunteer position?

\_\_\_\_\_

\_\_\_\_\_

List any formal training you have received, related to this position.

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in volunteering with Kenston Community Education.

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

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

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



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### Background Check Policy and Consent/Release Form (To investigate background information)

Name of Organization: Kenston Community Education

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

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

1. All youth coaches will be required to fill out a volunteer application and sign a waiver for a release of information. This information will be kept in a locked file cabinet at the Kenston Community Education office for a period of one year. At the end of one year this information will be destroyed. Only authorized personnel of Kenston Community Education will have access to this information.
2. Any person convicted of a felony for a crime of violence or moral turpitude or convicted of any two felonies within ten years will not be allowed to coach youth sports within the Kenston Community Education program.
3. A committee will review any person convicted of a felony or any misdemeanor offense on the list defined in the Kenston Community Education Youth Sports Policies and Procedures manual. The committee will decide whether a person should be allowed to coach and whether there should be any stipulations placed on that coach.
4. In addition, the review committee may seek the following types of information: Employment records/Employers references; Criminal background records/information; criminal background check/fingerprint; Driver's license check; coaching experience; first-aid experience; personal references.
5. The committee will consist of the President of the Auburn-Bainbridge Joint Recreation Board, the Director of Kenston Community Education and the Recreation Coordinator of Kenston Community Education. A vote of two members of this committee is binding.
6. Any applicant that has been denied or has had stipulations assessed against them may ask for a hearing before the committee within five days of notification.
7. Once a final decision has been made on an individual, Kenston Community Education will destroy its copy of the criminal background check.

I, \_\_\_\_\_, have read the above policy and give consent for Kenston Community Education to obtain information regarding myself, which may include a review of sex offender registries, child abuse and criminal history records. I authorize this information to be obtained either in writing or via telephone in connection with my application.

Name (Printed): \_\_\_\_\_

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

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



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**AUTHORITY FOR RELEASE OF INFORMATION**

TO: Concerned Person or Authorized Representative of any Organization, Institution, or Repository of Records

VOLUNTEER'S FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I respectfully request and authorize you to furnish KENSTON COMMUNITY EDUCATION all information requested by them concerning any records to be used to assist KENSTON COMMUNITY EDUCATION in conducting a background investigation.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

**AFFADAVIT**

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who said that he/she executed the above document of his/her own free will and accord, with full knowledge of the purpose therefore. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF OHIO

\_\_\_\_\_  
Notary Public Name; Typed or Printed