CITY OF MILFORD POLICY MEMORANDUM VOLUNTEER COACHES BACKGROUND CHECKS

I. Effective Date: September 10, 2008

II. Purpose

To provide the safest environment possible for children who are under eighteen years of age and who are involved with youth sports sponsored by the Milford Recreation Department. Perform mandatory comprehensive background checks on all volunteer youth head coaches and assistant coaches. In doing so the city seeks to:

- 1. Foster an environment that puts the needs of children first.
- 2. To discourage people who have a history of inappropriate behavior or who are unfit to work with children as volunteer coaches.
- 3. To further clarify and reinforce the standards and expectations of our youth sport programs.

III. Program

- 1. Under the guidance and services of New England Computer Forensics, LLC the City will be provided with an effective criminal conduct background check.
- All head and assistant coaches will be required to complete a Consent/Waiver form in order to have a comprehensive and time effective background check completed.
- All results will he kept confidential and secured at the Department of Recreation and only those essential city and co-sponsored designated League Representatives who need to know details of the report will he allowed access to results.
- 4. Coaches who meet one or more of the identified criteria for disqualification will not be approved to coach in any city or city co-sponsored youth program.
- 5. Coaches will need to complete an annual background check.

I V. Criteria for disqualification

Any individual found guilty of or entering a guilty plea for the following offenses:

- All sex offenses— regardless of date of crime.
- All criminal or felony violence against children regardless of date of crime.
- Any domestic violence crimes regardless of date of crime.
- Any felony drug and/or alcohol cases in past 5 years.
- Any other misdemeanor that the city considers dangerous to children.
- Any current court ordered protective, restraining, or restrictive order regarding children or adults.

Any coach who meets one or more of the above criteria shall <u>not</u> be eligible to coach, regardless of age of victim. In some cases (pending further investigation) the city and league will not limit these disqualifying criteria to convicted status only. Additional information may be required.

V. Disputing Results of Report

The Director of Recreation will send the applicant via certified mail a "Pre-Adverse Action Notification" letter along with a copy of the report that was authorized when applying for a position as a volunteer coach. If the report contains any inaccurate or incomplete information the applicant should contact the Director of Recreation in writing within five days of receiving the "Pre-Adverse Action Notification".

City of Milford Connecticut Recreation Department Consent / Waiver Form

Official 2014 - 2015 Volunteer Application (Complete BOTH Pages) Do NOT use forms from past years.

Prior/Maiden Names or Aliases: Address: Telephone: Email: City: State: Zip: Do you have children in the program? YES NO Previous states resided in the past 5 years: Date of Birth: (mm / dd / yyyy) Social Security Number: Employer: Employer: Employer: Employer: Employer: Address: Do you have a valid driver's license? YES NO Previous states a valid driver's license? YES NO Driver's License#: State: State: Tonference/League Name: In which of the following would you like to participate? ("X" one or more.) Head Coach: League Official: Board Member: Employer: In which of the following would you like to participate? ("X" one or more.) Frequence of Aging Trainer: Community affiliations (Clubs, Service Organizations, etc.): Previous Affiliations (Clubs, Service Organizations, etc.): Previous/current volunteer experience (e.g. baseball/softball and years): Previous/current volunteer experience (e.g. baseball/softball and years): Do you have a children in the program? YES NO Previous/current volunteer experience (e.g. baseball/softball and years): If yes, at what level? Special Certification (i.e. CPR, Medical, etc.): Have you ever been charged or convicted of a felony? YES NO Have you ever been charged or convicted of any crime involving or against a minor? If yes, explain (use additional page to explain in detail): YES NO Driver's License#: State: Conference/League Name: Have you ever been refused participation in any other youth programs? If yes, explain: YES NO Association Name: In which of the following would you like to participate? ("X" one or more.) Head Coach: League Official: Board Member: Equipment Manager. Assist. Coach: Fequipment Manager. Assist. Coach: Fequipment Manager. Assist. Coach: Feam Mom: Student Demo:	Name:	D	ate:	Special professional training, skills, hobbies:		
Telephone: Email: City: State: Zip: Previous/current volunteer experience (e.g. baseball/softball and years): Mailing Address (if different): Do you have children in the program? YES NO Previous states resided in the past 5 years: If yes, at what level? Date of Birth: Special Certification (i.e. CPR, Medical, etc.): Have you ever been charged or convicted of a felony? YES NO Social Security Number: If yes, explain (use additional page to explain in detail): Have you ever been charged or convicted of any crime involving or against a minor? If yes, explain (use additional page to explain in detail): Have you ever been charged or plead guilty to or been convicted of any orime involving or against a minor? If yes, explain (use additional page to explain in detail): YES NO Driver's License#: State: Conference/League Name: Have you ever been refused participation in any other youth programs? If yes, explain: YES NO Association Name: Have you ever been refused participation in any other youth programs? If yes, explain: YES NO Association Name: Equipment Manager. Assist. Coach:	Prior/Maiden Names or Aliases:					
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Head Coach: League Official: Board Member: Equipment Manager Assist. Coach:						
	n which of the following would you li	ke to participate	? ("X" one or more.)	1		
Team Mom: Coach Trainee: Trainer: Student Demo:	-lead Coach: League Offic	ial:B	Board Member:	Equipment Manager.	Assist. Coacl	n:
	Team Mom: Coach Train	ee:	Trainer:	Student Demo:		

Privacy Policy: Please be advised that Milford Recreation Department does not sell or release contact information to any non-affilliated organization.

City of Milford Connecticut Recreation Department Consent / Waiver Form

Official 2014 - 2015 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program: Name: Nature of Relationship: Phone #:								
volunteer, the Milford Recreation Decondition of volunteering, I hereby gatabase records including but not child protection policy. I understand background. I further agree to report hereby release and agree to hold I	ept. may end the relationship if I have grant permission to the Milford Recrea limited to sex offender registries, child and agree that, if appointed, my position writing to the Recreation Director	made any false statements or materia ton Dept. to conduct a background che d abuse and criminal history records in tion is conditional upon the league rec- any changes to this application that or ord, the Milford Recreation Dept., the or	ent of my knowledge. If I am accepted as a all misrepresentations, written or verbal. As a eck on me, which may include a review of compliance with the Milford Recreation Dept.'s eiving no inappropriate information on my ccur after being approved as a volunteer coach. officers, employees and volunteers thereof,					
understand that, prior to the expirati		nsion by the Recreaton Director and re	I to appoint me to a volunteer position. I moval by the Park, Beach, and Recreation					
Applic	Applicant Signature Date							
Applicant Name (Print or Type):								
NOTE: The Milford Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.								
For Local Use Only. Below please print the Background check completed by Recreation		ed the background check on the applicant and r	name of the local organization.					
Background check completed by <u>City of Mil</u>	ford officer:							
completed by:		Date Completed:						
	System(s) used for backgrou	und check (minimum of one must have "X"):						
Online multistate database: (Choicepoint, etc.)	State/Federal Criminal History Records:	FEDERAL Sex Offender Registry	Other (please explain): N.E.C.F.LLC					
New England Computer Forensics, LLC								
Copies of background check will be maintained for the duration of the volunteer's service.								