



# VOLUNTEER COACHES BACKGROUND CHECKS

City of Milford - Policy Memorandum

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**I. Effective Date**      September 1, 2026

## **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:

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

## **III. Program**

- 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 be kept confidential and secured at the Department of Recreation. Only essential City and co-sponsored designated League Representatives who need to know details of the report will be allowed access to results.
- 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.
- Coaches will need to complete an annual background check.

## **IV. 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 the 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 not 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 authorized when applying for a volunteer coach position. If the report contains inaccurate or incomplete information, the applicant should contact the Director of Recreation in writing within five days of receiving the notification.



# CONSENT / WAIVER FORM

Official 2026-2027 Volunteer Application - Complete BOTH pages

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**PLEASE NOTE: Attach a copy of a valid government-issued photo identification.**

|                                                                                                |                                                |                                                                                     |                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name<br><input type="text"/>                                                                   |                                                | Date<br><input type="text"/>                                                        | Special professional training, skills, hobbies<br><input type="text"/>                                                                               |
| Prior/Maiden Names or Aliases<br><input type="text"/>                                          |                                                | Community affiliations (Clubs, Service Organizations, etc.)<br><input type="text"/> |                                                                                                                                                      |
| Address<br><input type="text"/>                                                                |                                                | Previous/current volunteer experience (sport and years)<br><input type="text"/>     |                                                                                                                                                      |
| Telephone<br><input type="text"/>                                                              | Email<br><input type="text"/>                  |                                                                                     |                                                                                                                                                      |
| City<br><input type="text"/>                                                                   | State<br><input type="text"/>                  | Zip<br><input type="text"/>                                                         | Do you have children in the program? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                        |
| Mailing Address (if different)<br><input type="text"/>                                         |                                                |                                                                                     | If yes, at what level?<br><input type="text"/>                                                                                                       |
| Previous states resided in the past 5 years<br><input type="text"/>                            |                                                |                                                                                     | Special Certification (i.e. CPR, Medical, etc.)<br><input type="text"/>                                                                              |
| Date of Birth (mm/dd/yyyy)<br><input type="text"/>                                             | Social Security Number<br><input type="text"/> |                                                                                     |                                                                                                                                                      |
| Occupation<br><input type="text"/>                                                             |                                                |                                                                                     | Have you ever been charged or convicted of a felony?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                     |
| Employer<br><input type="text"/>                                                               |                                                |                                                                                     | If yes, explain (attach additional page if needed)<br><input type="text"/>                                                                           |
| Employer Address<br><input type="text"/>                                                       |                                                |                                                                                     | Have you ever been charged or convicted of a crime involving or against a minor?<br><input type="checkbox"/> YES <input type="checkbox"/> NO         |
| Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                |                                                                                     | If yes, explain (attach additional page if needed)<br><input type="text"/>                                                                           |
| Driver's License #<br><input type="text"/>                                                     |                                                |                                                                                     | Have you ever been charged, plead guilty to, or been convicted of another type of crime?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| State<br><input type="text"/>                                                                  |                                                |                                                                                     | If yes, explain (attach additional page if needed)<br><input type="text"/>                                                                           |
| League Name<br><input type="text"/>                                                            |                                                |                                                                                     | Have you ever been refused participation in another youth program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                       |
|                                                                                                |                                                |                                                                                     | If yes, explain (attach additional page if needed)<br><input type="text"/>                                                                           |

## Position Requested (check one):

☐ Head Coach

☐ Assistant Coach

☐ Other

Please specify

**Privacy Policy:** Milford Recreation Department does not sell or release contact information to any non-affiliated organization.



# CONSENT / WAIVER FORM

Official 2026-2027 Volunteer Application - Page 2

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**PLEASE NOTE: Attach a copy of a valid government-issued photo identification.**

**Please list three references, aside from family members; at least one should know your youth-program volunteer work.**

|                      |                        |                      |
|----------------------|------------------------|----------------------|
| Reference 1 - Name   | Nature of Relationship | Phone #              |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> |
| Reference 2 - Name   | Nature of Relationship | Phone #              |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> |
| Reference 3 - Name   | Nature of Relationship | Phone #              |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> |

## Applicant Authorization and Attestation

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, the Milford Recreation Department may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I grant permission to the Milford Recreation Department to conduct a background check on me, which may include a review of database records including, but not limited to, sex offender registries, child abuse and criminal history records in compliance with the Milford Recreation Department's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I further agree to report in writing to the Recreation Director any changes to this application that occur after being approved as a volunteer coach. I hereby release and agree to hold harmless from liability the City of Milford, the Milford Recreation Department, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, the Milford Recreation Department is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the Recreation Director and removal by the Park, Beach, and Recreation Commission for violations of Milford Recreation Department policies or principles.

Applicant Name (Print or Type)

Applicant Signature

Date

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

Background check completed by Recreation officer

Background check completed by City of Milford officer

Completed by

Date Completed

**System(s) used for background check (minimum of one must have "X"):**

☐ Online multistate database ☐ State/Federal Criminal History Records ☐ FEDERAL Sex Offender Registry ☐ Other

New England Computer Forensics, LLC