

**City of Salina**  
**Parks & Recreation Dept.**  
 300 W. Ash, Rm. #100  
 Salina, KS 67401



**Coaching Background Check**  
**Volunteer Form**  
 (785) 309-5765, FAX (785) 309-5769  
 Website: [www.salina-ks.gov](http://www.salina-ks.gov)

*All coaches are required to complete and pass a background check once per year before coaching a youth athletic team.*

Volunteer Sport Position Desired: \_\_\_\_\_

Team Name/Division: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Full Middle)

Other Name(s): (Include alias, maiden, etc.)  
 \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: F M

Previous Address: \_\_\_\_\_  
 (if not at current address for 5 years)

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Drivers License #: \_\_\_\_\_  
 (Required)

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

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when and for what reason? \_\_\_\_\_

Have you ever had or do you currently have a problem with drugs and/or alcohol? \_\_\_\_\_ Yes: Please explain \_\_\_\_\_

What experience/training do you have coaching and/or working with children? \_\_\_\_\_

**Volunteer Waiver:** I, the undersigned, do hereby acknowledge that I have chosen to be a volunteer for the City of Salina Parks & Recreation Department with the full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Salina and all of its representatives free from liability for any injury, harm, and complication resulting from said volunteering. Furthermore, I do understand that accident insurance and worker's compensation are not provided by the City of Salina Parks & Recreation Department and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me. I have read and understand this waiver statement.

**I, the volunteer, understand and agree to:**

1. The City of Salina can deny any volunteer for any non-discriminatory reason.
2. This enrollment form is valid for one year and a new form has to be submitted immediately thereafter.
3. By submitting this enrollment form, I the volunteer, affirm that all the foregoing information I have provided is true and correct.
4. By submitting this enrollment form, I the volunteer, agree that if any of the foregoing information is incorrect, I will forever indemnify and hold the City of Salina harmless for any acts or omissions on my behalf as they relate to any incorrect information that I have provided.
5. By submitting this enrollment form, I the volunteer, voluntarily waive my privacy rights to the extent necessary for the youth organization to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background checks and to inform those within the City of Salina who are responsible for accepting and/or supervising volunteers.

Signature: \_\_\_\_\_  
 (Volunteer/Coach) (Date)

Signature: \_\_\_\_\_  
 Parent/Guardian (if under age 18) (Date)

Approved by: \_\_\_\_\_  
 (Human Resources) (Date)

**FORM NOT VALID UNLESS SIGNED ABOVE**