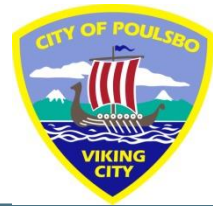


City of Poulsbo

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(360) 779-9898
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Application to Coach: PROGRAM YOU ARE APPLYING FOR: _____

Last name _____ Initial _____ First Name _____ DOB _____

Alias / Maiden Name _____ Home Phone _____

Street Address _____ City _____ Zip _____ Work Phone _____

Mailing Address _____ City _____ Zip _____ Cell Phone _____

Drivers License # _____ State _____ Sex _____ Race _____

E-mail _____ School District you are coaching in: _____

Age & skill-level: _____ Coaching Experience: _____

(attach additional sheets if necessary)

WSP/National Sex Offender Public Website Background Check: Businesses and/or organizations providing services to developmentally disabled persons, children under age 16 and vulnerable adults shall require applicants for employment or volunteer positions to disclose, under penalty of perjury, those convictions and findings which are felonious and/or related to the above-mentioned vulnerable populations. (RCW 43.43.830 – 43.43.845). **(Please use the back of this form if additional space is needed).**

(A) Have you ever been convicted of a crime? If so, please list the crime, the date of the conviction, and the state/county in which you were convicted: **YES** _____ **NO** _____

(B) Have you ever had findings made against you in court or administrative proceeding for domestic violence, abuse, sexual abuse, neglect, or exploitation of a child or vulnerable adult? If so, please list the finding made, the date of the finding, and the state/county in which the finding was made: **YES** _____ **NO** _____

(C) Have you ever had both a conviction under (a) and a finding made against you under (b)? If so, please list the crime and finding, the date of conviction and finding, and the state/county, in which the conviction and finding were made: **YES** _____ **NO** _____

Authorization for WSP/NSOPW Background check: I (please print name) _____

do hereby give Poulsbo Parks and Recreation permission to submit the information contained on this page to the Washington State Patrol and the National Sex Offender Public Website for a criminal background check.

WAIVER OF LIABILITY: ALL participants or guardians are requested to sign the following release. I/We assume all risks and hazards incidental to such participation including transportation to & from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Poulsbo employees, agents, officials and volunteers, for any claim arising out of any injury to myself or my/our child. **PHOTO/VIDEO RELEASE:** I grant full permission to use any photographs, video, motion pictures, recordings or any other record of this program for promotion of Poulsbo Parks and Recreation. **STANDARDS OF BEHAVIOR:** The City will not tolerate harassment of any kind that is made by employees or patrons towards employees or patrons. Harassment is defined as verbal or physical conduct that demeans or shows hostility or aversion toward another person. If a participant does not agree with the decision, an appeal to the Mayor is the final option.

Signature: _____ **Date:** _____

Note: All information used for the purpose of this **background check** will be handled confidentially and will not be used for any other purpose.

Concussion Information and Training and Sudden Cardiac Arrest info: Your signature below verifies your review of concussion information provided by WIAA as required by the Lystedt Law, and for Sudden Cardiac Arrest, as listed at <http://www.wiaa.com/>. Specifically, each coach and/or volunteer acknowledges, with their signature below, a review of the Coaches resource packet listed on the WIAA website at the following web addresses: <http://www.wiaa.com/subcontent.aspx?SecID=623>; and at: <https://wiaa.com/subcontent.aspx?SecID=1096>

Completion of training: Signature _____ Date _____

Comments: _____

Employee: Yes ___ No ___ WSP Check completed satisfactorily - Date _____

REVISION DATE: 7.14.22