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**TO: ALL PERSONS INTERESTED IN SERVING AS A VOLUNTEER FOR YORK  
PARKS AND RECREATION DEPARTMENT**

It is the responsibility of York Parks and Recreation Department to protect the well-being and safety of all participants. In order to support this initiative, York Parks and Recreation Department has developed a mandatory five (5) step process for anyone interested in volunteering with York Parks and Recreation Department to ensure that every volunteer meets a minimum standard that provide participants with a safe and educational environment. Included in this five-step process is a mandatory background screening policy for all volunteers. Individuals wishing to volunteer must complete and sign the attached Volunteer Application and the National Screening Program Background Consent/Release Form.

Applications are screened by Southeastern Security Consultants Incorporated (SSCI). If an applicant wishes to dispute the findings of the background check, applicants can appeal to Southeastern Security Consultants Incorporated (SSCI) at 1-866-996-7412.

**All information contained in the application and findings are held in confidence. Information is not disclosed to outside organizations or individuals and is shared within York Parks and Recreation Department only on a need to know basis.**

All information should be complete, accurate, and legible. Failure to comply may result in the application not being considered.

The following are the five (5) steps:

- Volunteer Application
- Authorization for Release of Information
- Background Check
- Coaches Code of Ethics
- National Youth Sports Coaches Association (NYSCA) Certification

York Parks and Recreation Department reserves the right to deny any applicant the opportunity to serve as a volunteer, as deemed necessary by York Parks and Recreation Department.

*Policy Adopted by  
York City Council 01/05/10*

**CITY OF YORK  
PARKS AND RECREATION DEPARTMENT  
APPLICATION DISQUALIFIERS**

A person will be disqualified and prohibited from serving as a volunteer if found guilty of the following crimes:

**SEX OFFENSES**

**All Sex Offenses** – regardless of the amount of time since offense

Examples include: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.

**FELONIES**

**All Felony Violence** – regardless of the amount of time since offense

Examples include: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.

**All Felony Offenses other than violence or sex within the past 10 years**

Examples include: drug offenses, theft, embezzlement, fraud, child endangerment, etc.

**MISDEMEANORS**

**All Misdemeanor Violence** offenses within the past 7 years

Examples include: simple assault, battery, domestic violence, hit and run, etc.

**All Misdemeanor Drug and Alcohol Offenses** within the past 5 years or multiple offenses in the past 10 years

Examples include: driving under the influence, simple drug possession, drunk and disorderly conduct, public intoxication, possession of drug paraphernalia, etc.

**Any Other Misdemeanor** within the past 5 years that would be considered a potential danger to children or is directly related to the function of that volunteer

Examples include: contributing to the delinquency of a minor, providing alcohol to a minor, theft – if person handles monies, etc.

Guilty means that a person is found guilty following a trial, entered a guilty plea, entered a no contest plea accompanied by a court finding of guilty, regardless of whether there was an adjunction of guilt (conviction) or withholding of guilt. This does not apply if criminal charges resulted in acquittal, Nolle, Prose, or dismissal.

**CITY OF YORK  
PARKS & RECREATION DEPARTMENT**

**NATIONAL SCREENING PROGRAM  
Background Consent/Release Form**

Applicant's Legal Name (printed)

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Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

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

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local and National Criminal Background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I, the undersigned, authorized this information to be obtained either in writing or via telephone in connection with my application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**CITY OF YORK  
PARKS AND RECREATION DEPARTMENT  
VOLUNTEER APPLICATION  
Please print all information**

Applicant's Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship: US Born \_\_\_\_\_ USA Naturalized \_\_\_\_\_ Other \_\_\_\_\_

Have you ever served as a volunteer for the York Parks and Recreation Department?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity and for how long \_\_\_\_\_

\_\_\_\_\_

Do you have a child participating in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name \_\_\_\_\_ Team Name \_\_\_\_\_

**PERSONAL OBJECTIVE:**

Please use the space provided below to describe your reasons for wanting to serve as a volunteer and how you can contribute to the program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please give the names of responsible people, other than relatives or past employers, who will provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Occupation	Phone #

**EDUCATION:**

What is the highest level of education that you have and the number of years?

Grammar \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Higher Education \_\_\_\_\_

**EMPLOYMENT:**

Present Employer: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Have you ever been terminated from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**MILITARY:**

Were you ever in the United States military service or any other military organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was your discharge:

Honorable \_\_\_\_\_ General \_\_\_\_\_ Dishonorable \_\_\_\_\_ Bad \_\_\_\_\_

Were you ever court-martialed, tried on charges, the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

List any disciplinary action taken against you while in the National Guard or other reserve unit.

\_\_\_\_\_  
\_\_\_\_\_

**USE OF ALCOHOL OR DRUGS:**

How often do you drink alcoholic beverages and to what degree?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used marijuana? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the last time you used marijuana? \_\_\_\_\_

Have you ever used any illegal drugs, including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc? \_\_\_\_\_

If yes, list the drugs used and describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Have you ever used prescription drugs other than under the supervision of, or as prescribed by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the drugs used and describe circumstances \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTION:**

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI/DUI (alcohol and drugs), failure to stop in the event of an accident, driving with a revoked or suspended license.

Answer all of the following questions completely and accurately. Any falsification or misstatement of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether an offense remains on your record, you should answer "yes." You should answer "no" only if you have never been arrested or charged or your record was expunged by a judge's court order.

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Offense Charged	Law Enforcement Agency	Date	Disposition

Have you ever been charged or convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Have you committed any crimes that you were not charged with? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_

**CITY OF YORK  
PARKS AND RECREATION DEPARTMENT  
COACHES CODE OF ETHICS**

York Parks and Recreation would like to thank you for volunteering as a coach for our sports activities. The child is the most important part of any activity that we conduct. As a coach you have a direct impact on our activities and more importantly the children. We have developed some guidelines that will encourage skill improvement and good sportsmanship. These guidelines also serve as a reminder of what is most important, the well-being of the children.

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for all of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children and not adults.

**By signing the Coaches Code of Ethics, I agree to abide by the above guidelines.**

Coach: \_\_\_\_\_

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