



VOLUNTEER APPLICATION FOR COACHING YOUTH PROGRAMS

Grinnell Recreation Department

520 4th Ave. Grinnell, IA 50112

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle Initial

HOME ADDRESS \_\_\_\_\_

Street

City

State

Zip

EVENING PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS (Please print clearly) \_\_\_\_\_

If there is someone you wish to coach with, please give us their name, daytime phone and email address:

NAME

PHONE #

EMAIL ADDRESS

PLEASE CIRCLE THE LEAGUE IN WHICH YOU ARE INTERESTED IN COACHING

IN: Soccer: Age 3/4                      5/Kdg                      1st-2nd                      3rd-4th                      5th-8th

Football:                      1st-2nd                      3rd & 4th                      5th & 6th

Basketball:                      1st & 2nd                      3th & 4th                      5th & 6th

Other: \_\_\_\_\_

PLEASE "X" YOUR COACHING AVAILABILITY:

Are you interested in being a head coach? \_\_\_\_\_ Or/and assistant coach? \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime? (Misdemeanor or felony) Yes \_\_\_\_ No \_\_\_\_

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

Have you ever been refused volunteer participation in any other youth sports program? Yes \_\_\_\_ No \_\_\_\_

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

Do you have children in our Rec programs? \_\_\_\_\_ If yes, what league \_\_\_\_\_

Do you hold a coaching certificate? \_\_\_\_\_ If yes, is your membership up to date? \_\_\_\_\_

Have you coached in our youth programs in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

*Please complete the other side of this form*

Why are you interested in coaching children?  
\_\_\_\_\_

Please tell us of any other coaching positions you have held \_\_\_\_\_

Do you hold current certification in First Aid or CPR? \_\_\_\_\_

Do you have any special training in the youth sports field? \_\_\_\_\_

DRIVER'S LICENSE OPERATOR NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

REFERENCES: One of your references should have knowledge of your participation in youth sports.

1. \_\_\_\_\_

Name

Email

Cell Phone #

2. \_\_\_\_\_

Name

Email

Cell Phone #

As a condition of volunteering, I give permission for the City of Grinnell and the Grinnell Recreation Department to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Grinnell, its Recreation Department, the Ahrens Park Foundation, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Grinnell Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Grinnell Recreation Department and removal by the Recreation Department for violation of the City of Grinnell and Grinnell Recreation Department policies or principals.

PRINT YOUR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*NOTE: The City of Grinnell and the Grinnell Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**OFFICE USE ONLY:**

Background check completed by Grinnell Recreation Department on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked:)

Sex Offender Registry \_\_\_\_\_ Criminal History Records \_\_\_\_\_

*Only attach to this application copy of background check reports that reveal convictions of this applicant.*



# Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

**REQUESTOR INFORMATION** PLEASE WRITE CLEARLY

Name (business or individual)

City of Grinnell

Mailing address (street/PO Box, city, state, zip code)

520 4th Ave., Grinnell, Iowa, 50112

Phone number

(641) 236-2620

Fax number

Email address

jallsup@grinnelliowa.gov

I would like the results sent to me by:  Mail  Fax  Email

I am required to have the results notarized:  Yes  No \*for specific requirements in another country only.

**SUBJECT OF REQUEST INFORMATION.**

Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

**RELEASE AUTHORIZATION INFORMATION:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

**RELEASE AUTHORIZATION:** *I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.*

RELEASE AUTHORIZATION SIGNATURE

**FOR DCI USE ONLY**

As of  a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

**SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:**

**ADDRESS:** Iowa Division of Criminal Investigation  
Support Operations Bureau  
Dissemination Unit  
215 E 7<sup>th</sup> St  
Des Moines IA 50319

**FAX:** 515-725-6080

**EMAIL:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)

**QUESTIONS:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)