Volunteer Coach Application Packet

City of Malibu
Community Services Department
23825 Stuart Ranch Road
Malibu, CA 90265
310.456.2489
Fax: 310.494.4205
malibucity.org/youthsports
Thank you for your interest in volunteering with the City of Malibu Community Services Department. In order to volunteer, please complete the following registration steps.

Registration Steps:
1. Complete the Volunteer Coach Registration Form
2. Complete the Background Check Form
3. Submit completed forms to Community Services Department

Please contact me with any questions.

Katie Gallo
Recreation Supervisor
310.456.2489 x363
kgallo@malibucity.org
# City of Malibu Coach Volunteer Registration Form

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**Sports Experience:** (please list any previous coaching or playing experience)

**Personal History:** Please list any information you feel may be important in case of a medical emergency: (i.e. diabetes, epilepsy, high blood pressure, allergies etc.)

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My signature certifies that all information on this application is true. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture of all rights as a volunteer for the City of Malibu. Further I agree to indemnify and hold harmless the City of Malibu for any injury or loss suffered arising from or connected with my participation as a volunteer coach. I also understand I will be asked to provide information necessary to conduct a criminal background check before I can participate as a volunteer coach for the City of Malibu. If selected as a volunteer, I agree to uphold the rules, regulations, mission and sportsmanship guidelines as presented by the City of Malibu. I understand the City retains the right to use photos taken of me during activities for publicity purposes.

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**Mark the program areas you are interested in:**

△ Baseball  △ Flag Football  
△ Basketball  △ Lacrosse  
△ Cheerleading  △ Tennis  
△ Cross-Country  △ Volleyball

**Mark the age group you are interested in working with:**

△ 3-5  △ 10-11  
△ 6-7  △ 12-14  
△ 8-9

**Position Desired:**

△ Head Coach  
△ Assistant Coach

**Training Desired:** (Mark any areas you would like sport specific training in, provided by the City of Malibu)

△ Clinic  
△ Books  
△ Videos  
△ Online Resources

**Emergency Contact Information:**

Name: _____________________________________________ Phone: _______________________

Volunteer Signature ______________________________________ Date ____________________
Dear Volunteer Coaches,

The City participates in the Operation TLC² Making Communities Safe program, a volunteer management and background screening program established to ensure the City of Malibu will attain the most qualified volunteers to support the community’s needs. The City has contracted with Southeastern Security Consultants, Inc. (SSCI) to perform the background checks in a secure and private manner.

The following information sources will be used as part of the background check and screening program.

1. Social Security Trace – Verifies that the person is who they claim to be.
2. Address Trace – Verifies the person’s most recent addresses.
3. County, State, and National Database Record Search – Captures all misdemeanor and felony records.
4. Sex Offender Registry – Record search of all 50 States.

Upon completion of the background check, the City will receive the name of the volunteer from SSCI with either a pass or fail rating. A pass rating indicates that an individual has passed the background check and qualifies to participate as a volunteer coach. A fail rating indicates that an individual does not meet the standards set to be a volunteer coach for the City. Should an applicant receive a fail rating, they may appeal the results to SSCI for further consideration. Date of conviction is used to determine length of time. Below are the offenses which are grounds for exclusion in accordance with the National Recreation and Park Association:

**Sex Offenses**
- All Sex Offenses – Regardless of the amount of time since offense.

**Felonies**
- All Felony Violence – Regardless of the amount of time since offense.
- All Felony offenses other than violence or sex within the past 10 years.

**Misdemeanors**
- All misdemeanor violence offenses within the past 7 years.
- Two or more misdemeanor drug & alcohol offenses within the past 7 years.
- Any other misdemeanor within the past 5 years that would be considered a potential danger to children or is directly related to the functions of that volunteer.
National Background Screening Consent and Release Form

Applicant’s Last Name ____________________________ Applicant’s First Name ____________________________

Social Security Number _______ - _______ - _______ Date of Birth ____________________________

Street Address ________________________________________________________________________________

City __________________________________________ State _____________ Zip ________________

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

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize 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 _______________________________________________________________________________________

SSCI-7184

Please return form to the City of Malibu Community Services Department, fax form directly to SSCI, 866-996-1292 or email form directly to sales@ssci2000.com