



City of Ridgecrest

PARKS & RECREATION

COACH/SUPPORT STAFF APPLICATION
PLEASE FILL OUT ALL FIELDS AND EMAIL BACK TO
dgonzalez@ridgecrest-ca.gov

NAME: _____

ADDRESS: _____

PRIMARY #: _____ SECONDARY #: _____

EMAIL ADDRESS: _____ SHIRT SIZE: _____

WHAT POSITION ARE YOU VOLUNTEERING FOR? HEAD COACH ASSISTANT COACH

WHAT PAID CONTRACTED POSITION ARE YOU APPLYING FOR? SCORE KEEPER FIELD MANAGER REF
(BASKETBALL ONLY) (SOCCER ONLY)

WHICH SPORT WOULD YOU LIKE TO VOLUNTEER FOR? BASKETBALL SOCCER

COACHES ONLY BELOW

IF YOU WILL BE COACHING YOUR CHILDREN'S TEAM, PLEASE LIST THEIR INFORMATION BELOW.

CHILD(REN) NAME: _____ AGE: _____

IS THERE AN ASSISTANT COACH YOU ARE WANTING TO BE ASSIGNED WITH?

NAME: _____

IF YOU DO NOT HAVE A CHILD PARTICIPATING IN A SPORT OR DO NOT WISH TO COACH YOUR CHILDS TEAM WHAT AGE GROUP WOULD YOU LIKE TO COACH?

5-6 7-8 9-11 12-15

DAY/TIME YOU WOULD LIKE TO PRACTICE:

BASKETBALL

DAY: MONDAY TUESDAY WEDNESDAY
TIME: 5:30 – 6:30 6:30 – 7:30 7:30 – 8:30

SOCCER

DAY: MONDAY TUESDAY WEDNESDAY THURSDAY
TIME: 5:30 – 6:30 6:30 – 7:30 7:30 – 8:30

STAFF USE ONLY			
BACKGROUND COMPLETE <input type="checkbox"/>	LIVESCAN CLEARED <input type="checkbox"/>	MEGANS LAW CHECKED <input type="checkbox"/>	
DIRECTOR APPROVED/REVIEWED:		DATE:	

PARKS & RECREATION DEPARTMENT



VOLUNTEER/CONTRACTOR BACKGROUND APPLICATION

CITY OF RIDGECREST
100 W. CALIFORNIA AVE.
RIDGECREST, CA 93555

FOR OFFICIAL USE ONLY	
CONTRACTOR <input type="checkbox"/>	POSITION: _____
VOLUNTEER <input type="checkbox"/>	POSITION: _____
EMPLOYEE <input type="checkbox"/>	POSITION: _____
BACKGROUND DONE BY: _____	
DATE: _____	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>

****ALL WRITING NEEDS TO BE CLEAR AND LEGIBLE ****

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____
(LAST) (FIRST) (MIDDLE)

MAILING ADDRESS: _____ CELL PHONE: _____
(STREET AND NUMBER)

_____ HOME PHONE: _____
(CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____ BUSINESS PHONE: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

ALL VOLUNTEERS/CONTRACTORS FOR THE CITY OF RIDGECREST ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK. IF 18 YEARS OF AGE OR OLDER A LIVE SCAN WILL BE PERFORMED UPON BACKGROUND CLEARANCE.

HAVE YOU EVER BEEN CONVICTED AS AN ADULT FOR ANY VIOLATION OF THE LAW? PROVIDE DATES, LOCATION(S), AND PENALTIES. EXCLUDE TRAFFIC VIOLATIONS UNDER \$150. EACH CASE WILL BE GIVEN INDIVIDUAL CONSIDERATION. **FAILURE TO LIST ALL CONVICTIONS OTHER THAN THOSE MENTIONED ABOVE MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION (IF YES – EXPLAIN UNDER REMARKS)**

YES _____ NO _____

REMARKS (ATTACH ADDITIONAL SHEETS IF NECESSARY):

HAVE YOU BEEN LIVE SCANNED BY THE CITY OF RIDGECREST PARKS AND RECREATION DEPARTMENT?

YES _____ WHEN? _____ NO _____

I UNDERSTAND THAT MY SOCIAL SECURITY NUMBER AND DRIVERS LICENSE WILL BE REQUIRED ON THE DAY OF LIVE SCAN APPOINTMENT.

INITIAL: _____

I AUTHORIZE THE CITY OF RIDGECREST POLICE DEPARTMENT TO RUN A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT AS AN EMPLOYEE/VOLUNTEER/CONTRACTOR I AM REPRESENTING THE CITY OF RIDGECREST AND WILL ADHERE TO THE GUIDELINES SET FORTH BY THE PROGRAM.

SIGNATURE: _____ DATE: _____

IF YOU ARE UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST SIGN AGREEING TO THE BACKGROUND CHECK AND PARTICIPATION OF SAID PROGRAM.

I GIVE PERMISSION TO MY CHILD TO WORK/VOLUNTEER FOR THE CITY OF RIDGECREST.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY	
M. LAW DONE BY: _____	DATE: _____
LIVE SCAN DONE BY: _____	DATE: _____
DIRECTOR APPROVED: _____	DATE: _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____
(Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the **City of Ridgecrest** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **City of Ridgecrest** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **City of Ridgecrest** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.

