



208-382-5136

333 Kelly's Parkway, Cascade ID

info@cascaderec.org

VOLUNTEER COACH APPLICATION

Please circle the program(s) you are volunteering for

Basketball Baseball Softball T-ball Soccer Flag Football

Is this Community Service? Yes No

Is this for an Internship? Yes No

Other Program / Activity applying for: _____ Please check if under 18

Name as it appears on ID: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Phone _____ Email _____

Have you volunteered for this program before? Yes No

Will you have a child in the program? Yes No Name of child(ren) _____

Do you have any experience or training specific to this sport(s)? Yes No

Do you have any previous experience as a volunteer in this position: Yes No

Explain: _____

Describe any other experience you have that relates to this program: _____

References: Please list names and contact information for two personal references other than family.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

By applying with the Southern Valley County Recreation District to serve as a volunteer, I hereby consent to a background/criminal check at no cost to me.

VOLUNTEER APPLICATION

Acknowledgement of Risk and Release I, the undersigned, agree for myself or for my minor child/ward, to volunteer for Southern Valley County Recreation District, and understand and agree to the following:

1. I agree that I will perform my volunteer service to the best of my ability, and will not engage in reckless or dangerous behavior while acting as a volunteer. I understand that as a volunteer I am required to follow the policies, procedures, rules for safety and any other regulations pertaining to the program(s) in which I volunteer.
2. I acknowledge that there are inherent dangers, hazards and risks associated with sports and activities in which I may serve as a volunteer. By accepting a volunteer position, I knowingly choose to assume all risks associated with such activities or sports including without limitation risk of injury or death. In addition, I assume all risk of damage or loss sustained to my property. I further agree and acknowledge that by assuming the risk of participation in the Southern Valley County Recreation District activities, I will not bring any action, claim or lawsuit against Southern Valley County Recreation District for injury, death or damage to my person or property arising, either directly or indirectly, from my role as a volunteer.
3. In the event of any emergency, I authorize Southern Valley County Recreation District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered, and will indemnify and defend Southern Valley County Recreation District from claims, liens, charges, costs, or suits that arise as a result of any medical treatment or assistance I receive.
4. I understand that I am working at all times on a voluntary basis, and will not receive any compensation for my services. I realize that by volunteering for Southern Valley County Recreation District I am not employed by, nor am I an employee of the Southern Valley County Recreation District.
5. My relationship with the Southern Valley County Recreation District as a volunteer can be canceled or terminated at any time by the Department or by me, for any or no reason.

I have read and understand the Southern Valley County Recreation District "Acknowledgement of Risk and Release". Any minor's signature must be accompanied by the signature of a parent or legal guardian, whose signature shall constitute consent for said minor to volunteer with Southern Valley County Recreation District. Any person signing below further acknowledges that he or she has received, read and understands the Southern Valley County Recreation District Volunteer Policy.

Volunteer's Name (printed) _____

Signature of parent or guardian (if volunteer is a minor) _____

Volunteer Signature _____ Date ____/____/____

Director Approval Signature _____ Date ____/____/____



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



NAME BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

A \$20 processing fee must be included. Each field must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. A personal check will only be accepted if issued by the requestor or requesting agency. A \$20.00 fee will be charged for any returned checks.

Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.**

Incomplete forms will be returned unprocessed.

REQUEST			
Please provide an Idaho Criminal History on the individual named below.			
Last Name	First Name	Middle Name	
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.			
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)	Sex	Race
Address	City	State	Zip
WAIVER			
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.			
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.			
_____ Signature		_____ Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>			

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Incomplete forms will be returned unprocessed

Requesting Person or Company	Address of Requester (Results will be mailed to this address)		
	Street _____		
	City, State & Zip Code _____		
Printed Name of Requester (Print Legibly)	Signature of Requester	Phone Number of Requester	

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law."

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