



Shafter Recreation Needs You!

Please help support the Shafter Recreation by coaching a team. If you are interested with coaching, please return your form to Shafter Recreation and Park District.

SRPD

**700 E. Tulare Avenue
Shafter, CA 93263
Ages 3- 8th grade**

For more info:

**746-3303 M-Th: 9-5 ; Fri 9-3
district@shafterrec.com**

2023

Thank you for your support.

Very Respectfully

Shafter Recreation Staff

Volunteer Application

*=required



*Name: _____
Program: _____
*Email: _____
*Address: _____

*Date of Birth: _____
Circle one: Head Coach or Assistant
*Primary Phone: _____
*City, State, Zip: _____
* Shirt Size: _____

Please list any children. This ensures your child is on your team.

*Childs Name	Age

*Person to Notify in Case of Emergency

*Name: _____
*Relation: _____
*Phone: _____

Section 5164 of the Public Resources Code of the State of California authorizes us to screen any prospective employee or volunteer for his or her criminal background. Please answer the following questions.

*1. Have you ever been convicted of any crime involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under age 18 or kidnapping?
Circle one: Yes/No

*2. Have you ever been convicted of violation or attempted violation of any of the statues specified in Public Resources Code Section 5164? This question does not refer to a misdemeanor conviction unless you have three or more misdemeanor convictions, a felony conviction or were incarcerated for any of those crimes listed within the preceding the years. *Circle one:* Yes/No

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

*Print: _____
*Signature: _____
Date: _____

Please Read and Sign the Zero Tolerance Policy Located on the Back of This Form

ZERO TOLERANCE POLICY

Please help SRPD foster good sportsmanship, respect, pride, and discipline; encourage positive experiences, along with healthy competition.

TO: Coaches, Athletes, and Spectators

This "ZERO TOLERANCE" policy applies to all persons participating in any way with all SRPD programs. Repeated refusals to obey this policy will result in the notification of law enforcement. Persons may be banned from the following years' sports and activities if the District feels it is necessary to ensure the safety and reputation of the SRPD program.

Parents will respect officials' and coaches' decisions and teach participants/athletes to do likewise.

Parents and guests who are not the team's designated coaches will refrain from coaching their child or other players during games and practices. Unauthorized coaching only confuses one's own team and their opponents; this includes on the field, behind the goal, under the hoop, or backstop.

Show appreciation for volunteer or paid instructors, officials and administrators.

Respect the rights, dignity, and worth of every young person regardless of their gender, ability, cultural background or religion.

Parents will remember that children participate to have fun and that the game is for youth, not adults.

Parents will learn the rules of the game and the policies of the league.

Parents will teach their children to play by the rules and to resolve conflicts without resorting to hostility or violence.

Parents will never ridicule or yell at their own child or other participants for making a mistake or losing a competition.

The Shafter Recreation and Park District has a policy that there will be ZERO TOLERANCE for anyone's misbehavior at all sporting events.

This includes but is not limited to: booing, shouting at officials or arguing any call. Expressing any negative behavior, comments, threats or obscene gestures to players, coaches or officials is unacceptable.

Parents and guests will not engage in any kind of unsportsmanlike conduct toward any official, coach, player or other parent/guest such as booing and taunting, refusing to shake hands or using profane language or gestures.

Cheering in a positive fashion, for both sides, is highly encouraged. Our goal is to promote fun. Everyone should set a good example by appreciating and supporting the efforts of both paid officials and volunteer coaches.

Parents and guests will respect officials and their authority during games and will never question, discuss or confront coaches at the game field. Concerns and questions can be discussed with coaches at an agreed-upon time and place.

Any spectator, coach, or athlete who does not behave appropriately (as directed above) will be asked to leave, according to the following steps:



Staff, officials and/or coaches will identify violators. The coach is held responsible for players and spectators and any violator will be issued a warning. If necessary, the official will eject the violator and ask him/her to leave SRPD premises immediately. Play will not resume until he/she has left the facilities.

The above violation will be recorded in an incident report to be created immediately after the close of the event.

The completed incident report must be submitted to the Sports Coordinator and District Manager within 24 hours.

A decision will be made and the determination given to the individual (violation) in writing, stating specific consequences

Acts of violence or threats of violence will result in an automatic one (1) year suspension from all SRPD activities or facilities and a restraining order may be obtained. The District Manager has the overall authority to place a suspension against individuals or entire teams, depending on the severity of the offense. The decision made by the District Manager will be final and the Board of Directors will be notified.

Upon completion of the 1-year suspension, a written apology and a public statement is required. It must be presented to the Board of Directors in order to end the suspension. *Print: _____

*Signature: _____

Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1810 ORI (Code assigned by DOJ) Park and Rec Vol/VCA Authorized Applicant Type

Seasonal Volunteer Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Shafter Recreation and Park District Agency Authorized to Receive Criminal Record Information

700 E. Tulare Avenue Street Address or P.O. Box

Shafter City CA State 93263 ZIP Code

Phillip Jimenez Contact Name (mandatory for all school submissions)

746-3303 Contact Telephone Number

Mail Code (five-digit code assigned by DOJ)

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Driver's License Number _____

Billing Number _____ (Agency Billing Number)

Misc. Number _____ (Other Identification Number)

Your Number: _____ Level of Service: DOJ FBI

OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____ Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

FINGERPRINTING

SHAFTER POLICE DEPARTMENT

201 CENTRAL VALLEY HIGHWAY
SHAFTER, CA
PHONE#: 746-6341

\$25.00

Monday – Friday
10:00 to 3:00 PM
\$25.00

RUTH'S RELIANT MOBILE NOTARY AND LIVE SCAN SERVICES

1185 ROSE AVENUE
SHAFTER, CA
PHONE#: 343-2075

Monday - Friday
BY APPOINTMENT ON Saturday & Sunday
Call for More Information

RUTHSRELIANTMOBILENOTARY@GMAIL.COM

WASCO SHERIFF'S DEPARTMENT

748 F. STREET
WASCO, CA
PHONE#: 758-7266

Wednesday and Thursday
*BY APPOINTMENT ONLY
10:00 to 11:00 AM (every 20 minutes)
1:00 to 3:00 PM (every 20 minutes)
\$25.00 \$25.00

CCIS LIVE SCAN, BAKERSFIELD

13061 ROSEDALE HIGHWAY
BAKERSFIELD, CA 93314
PHONE#: 587-7678

Monday – Friday
8:00 AM to 6:00 PM
Saturday
9:00 AM to 4:00 PM
\$20.00

KERN COUNTY SHERIFFS DEPARTARTMENT

1350 NORRIS ROAD, BLD. B
BAKERSFIELD, CA
PHONE#: 391-7693

BY APPOINTMENT ONLY
\$20.00

\$25.00

Heads up! Concussion in Youth Sports

Follow the following steps.

- Type the link <https://www.cdc.gov/headsup/youthsports/training/index.html>.
- Submit your name.
- Press the play button and follow the direction of the course.
- Print the Certificate.
- Bring in a copy to Shafter Recreation & Park District or email.

pjimenez@shafterrec.com

sgarcia@shafterrec.com

****ALL 3 FORMS MUST BE FULLY FILLED OUT AND TURNED IN BEFORE YOU ARE ALLOWED TO PRACTICE WITH YOUR TEAM. ****