

Safety Harbor Leisure Services

REAL Fun Basketball Volunteer Checklist

The City of Safety Harbor offers a variety of opportunities to take part in your community.



Step 1. Complete all attached paperwork

Step 2. Return all paperwork to:

City of Safety Harbor
City Hall
Attention: Tarra Madore
750 Main Street
Safety Harbor, FL 34695

Step 3. Processing time takes approximately **one-two weeks**.

Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Please select the type(s) of volunteering you wish to do:

✓	<i>Type of Job</i>	<i>Description</i>
	Head Coach	Head Coach direct and strategize with the team.
	Assist Coach	Assist head coach with players and games.

Submission checklist: Please initial completion and return to address above.

<i>Paperwork</i>	<i>Volunteer Initials</i>	<i>Staff Initials</i>
Volunteer Code of Conduct		
Attestation of Good Moral Character		
VECHs Consent Form		
Please take the Postal Annex form and valid ID to 2520 N McMullen Booth Rd Suite B., Clearwater, FL 33761 for your Level II Background screening.		



Coaches Code of Conduct

As a youth coach, I recognize the profound impact my actions can have on the young athletes I mentor. I commit to upholding the following rights of young athletes:

1. The right to enjoy sports.
2. The right to participate.
3. The right to appropriate levels of involvement based on their maturity and skills.
4. The right to competent leadership.
5. The right to experience sports as children.
6. The right to safe and healthy environments.
7. The right to adequate preparation.
8. The right to be treated with dignity.

Furthermore, I pledge to adhere to the Code of Ethics for Coaches:

1. I will treat all individuals involved with respect and dignity.
2. I will continually develop my skills and understanding of my sport.
3. I will align with and communicate the goals of the youth sport program.
4. I will respect the authority of league officials and support fair competition.
5. I will understand my athletes' capabilities to place them appropriately.
6. I will ensure all athletes actively improve through practice and games.
7. I will educate my team on their rights and responsibilities.
8. I will not tolerate any form of abuse and will report it promptly.
9. I will show sportsmanship towards opposing teams.
10. I will instruct support staff in their roles as per rules and procedures.

I affirm that I have read and agree to uphold this Code of Conduct.

Signature: _____ Date: _____

Print Name: _____



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of _____

I, _____ who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang

Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE : _____ Date: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE: _____ Date: _____

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___have OR ___have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___do OR ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: _____

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

POSTAL ANNEX⁺

Your Home Office[®]



**Level II Live Scan
Fingerprint Provider**



Office Use Only: Call Postal Annex and notify them of who you are sending. Pay w/ pcard and give them the appropriate routing numbers below. **Circle Routing Number below. Make copy and send w/ individual.**

Name of individual to be screened: _____

DCF: (Summer Camps/Afterschool, Summer Camp volunteers, Summer Camp Instructors)

1. Summer Camp ONLY! (not to be screened more than 90 days prior to start date)

ORI # - FL921791Z

OCA#-05524551Z

2. AfterSchool

ORI #- FL921791Z

OCA# - 05524352Z

VECHS: Volunteers not working w/ summer camp or afterschool, Coaches, Officials, Contractual Instructors

3. **Volunteers / Coaches = V52020002**

4. Employees / Officials / Contractual Instructors = E52020002

Located in Northwood Plaza Next to Stein Mart

2520 N. McMullen Booth Rd Suite B • Clearwater FL 33761

Ph: 727-400-6801 • Fax: 727-400-6828

Store Hours: Monday - Friday 8:30 - 6:30 and Saturday 9:00 - 3:00

City of Safety Harbor Leisure Services – 727-724-1530