



Village of Royal Palm Beach, Florida

Volunteer/Coach Application

SECTION I (to be completed by ALL applicants)

Last Name _____ First _____ Middle Initial _____ Social Security # (see Notice below) _____

Street Address _____

City _____ State _____ Zip code _____

Permanent Resident

Seasonal Resident

Email Address _____

Date of Birth _____

Home Telephone # _____

Work Telephone # _____

Cellular Telephone # _____

Emergency Contact Name _____

Relationship _____

Telephone # _____

NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE VILLAGE OF ROYAL PALM BEACH, FLORIDA

PURSUANT TO SUBPARAGRAPH 119.071(5)(a)2.a., *FLORIDA STATUTES*, THE VILLAGE OF ROYAL PALM BEACH IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE VILLAGE'S REQUEST FOR YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER IS BEING COLLECTED BY THE VILLAGE EITHER BECAUSE SUCH REQUEST IS SPECIFICALLY AUTHORIZED BY LAW OR ITS USE IS IMPERATIVE TO THE PERFORMANCE OF THE VILLAGE'S DUTIES AND RESPONSIBILITIES UNDER LAW. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN AS PROVIDED BELOW:

THE VILLAGE OF ROYAL PALM BEACH, FLORIDA, COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; EMPLOYMENT RELATED ISSUES; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION; RECONCILIATION; TRACKING; BENEFIT PROCESSING; AND TAX REPORTING. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE, NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

Automobile Insurance:

I understand that if I use my personal vehicle in going to and from my volunteer assignment and/or from place to place within the Village as a part of my volunteer assignment, I will arrange to keep in effect automobile insurance equal to minimum limits required by our state. I understand that if selected as a volunteer, I am not an employee of the Village and that the Village is not liable for any incidents or accidents that may occur by virtue of the use of my own personal automobile, whether during my volunteer work or not.

Driver's License # _____ Expiration Date _____ State _____

Signature: _____ Date: _____

Waiver for Further Inquiry Into Additional Required Information & Release of All Claims:

By signing this Volunteer/Coach Application, I acknowledge my interest in participating as a volunteer/coach in the Village of Royal Palm Beach Volunteer Program, and I hereby agree to additional screening for placement in same. I am fully aware that said additional screening may include, but is not limited to, employment records, residential history, personal references, local law enforcement check, and criminal information records.

I also understand that submittal of a Volunteer/Coach Application and/or subsequent screening, additional or otherwise, does not guarantee my placement in the Volunteer/Coach Program; nor does it guarantee that my services as a volunteer/coach will be utilized in the particular areas of interest as indicated on my Volunteer/Coach application. I understand and agree that the Village may place me in a position that best serves the interests of the Village and that such position may change from time to time at the sole discretion of the Village.

I hereby agree that I will indemnify and hold the Village, its employees, agents, representatives, coaches and volunteers harmless from and against any and all claims, demands, lawsuits, settlements, damages, costs and expenses, including attorneys' fees, suffered or incurred by the Village or arising out of or in any way connected to my participation in the Village of Royal Palm Beach Volunteer/Coaching Program. **For Coaches: I agree to return all equipment issued or pay for the replacement thereof. I understand that participation may involve many RISKS and INJURIES, including but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body.**

I have read and fully understand this waiver, and sign it of my own free will, for and in consideration of the Village allowing me to participate in the Village of Royal Palm Volunteer/Coach Program. I understand that completion of this form including my signature is required in order to be considered for volunteer/coach placement. I further certify that I am a minimum of eighteen (18) years of age.

Signature: _____ Date: _____

References:		
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

SECTION II (to be completed by coaching applicants ONLY)

For Volunteers applying for Coaching positions in the Royal Palm Beach Parks & Recreation Department:

To become a coach for Royal Palm Beach Parks & Recreation, individuals must complete this application and undergo a background check with an acceptable result, at no cost to the prospective coach, through any and all agencies deemed necessary by the Village of Royal Palm Beach. Additionally, individuals must become certified through the National Youth Sports Coaches Association (NYSCA) by attending a certification course and paying the associated fees.

Are you currently NYSCA Certified? ___ No ___ Yes If Yes, what sport(s) _____

(If Yes, please provide a copy of your card)

Have you Coached this sport before? ___ No ___ Yes Where / When? _____

Do you have Knowledge of this Sport? ___ No ___ Yes

Are you interested in coaching any other sports? If yes, which sports? _____

Why are you Applying to Coach? _____

Coaching Activity Information:

SPORT: _____ YEAR: _____

DIVISION: _____ Rookie (6U) _____ Training (8U) _____ Prep (10U)

 _____ Junior (12U) _____ Senior (14U) _____ Pro (18U)

SECTION III (to be completed by ALL OTHER applicants)

For All Other Volunteers who are NOT applying to be a Coach:

Highest Level of Education (Please check):

- High School/GED Associates Degree Undergraduate Degree Graduate/Post-Graduate Degree
- Other _____

Days and times you are available to volunteer:

(Please check all days & times that are convenient for you to volunteer. We understand that this may depend on the type of assignment & season.)

- No preference
- Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**
- mornings mornings mornings mornings mornings mornings mornings
- afternoons afternoons afternoons afternoons afternoons afternoons afternoons
- evenings evenings evenings evenings evenings evenings evenings

How frequently would you like to serve: **Daily** **Weekly** **Monthly** **Yearly** **Ongoing**

How many hours per week are you available? _____

Please describe any current or former volunteer experience.

Please describe your employment background, experience and other skills and qualifications:

Are you related to any current or former Royal Palm Beach Employee? No _____ Yes _____

If Yes, what is the name of the current/former employee? _____

NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE VILLAGE OF ROYAL PALM BEACH, FLORIDA

PURSUANT TO SUBPARAGRAPH 119.071(5)(a)2.a., *FLORIDA STATUTES*, THE VILLAGE OF ROYAL PALM BEACH IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE VILLAGE'S REQUEST FOR YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER IS BEING COLLECTED BY THE VILLAGE EITHER BECAUSE SUCH REQUEST IS SPECIFICALLY AUTHORIZED BY LAW OR ITS USE IS IMPERATIVE TO THE PERFORMANCE OF THE VILLAGE'S DUTIES AND RESPONSIBILITIES UNDER LAW. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN AS PROVIDED BELOW:

THE VILLAGE OF ROYAL PALM BEACH, FLORIDA, COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: MANDATORY COLLECTION REGARDING ANY INMATE RELEASE INTO THE COMMUNITY AND SEXUAL OFFENDER DATABASE PURSUANT TO SEC.944.605(3),F.S.; MANDATORY COLLECTION FOR EMPLOYMENT RELATED ISSUES DUE TO FILING OF TAX AND WAGE DOCUMENTS PURSUANT TO THE INTERNAL REVENUE CODE OF 1986 AS AMENDED ("IRS CODE") AND TREASURY REPORTING REQUIREMENTS FOR SOCIAL SECURITY ADMINISTRATION ("SSA") PURSUANT TO IRS CODE §§ 6109 & 6051 (W-2 FORMS) AND 42 U.S.C.A. § 405(c)(2)(a) (SSA); MANDATORY COLLECTION FOR IDENTIFICATION AND VERIFICATION, AND CREDIT WORTHINESS IN ACCORDANCE WITH FAIR CREDIT REPORTING ACT PURSUANT TO 15 U.S.C. 1681, ET. SEQ; AUTHORIZED COLLECTION FOR RECONCILIATION, TRACKING, BILLING AND PAYMENTS PURSUANT TO SEC. 119.071(5)(a)2.a.(II),F.S.; MANDATORY COLLECTION OF DATA PURSUANT TO 42 U.S.C.A. § 653 AND SEC 409.2576(3)(C), F.S., FOR INCLUSION IN THE STATE DIRECTORY OF NEW HIRES; MANDATORY COLLECTION FOR BENEFIT PROCESSING FOR MEDICARE AND HEALTH INSURANCE PURSUANT TO 42 U.S.C.A. §§ 1395 & 2044; MANDATORY COLLECTION RELATED TO THE ADMINISTRATION OF THE VILLAGE PENSION PLANS PURSUANT TO CHAPTER 121, F.S. FOR THE FLORIDA RETIREMENT SYSTEM AND PURSUANT TO IRS CODE § 6047 RELATED TO RETIREMENT PLAN DISTRIBUTIONS UNDER FEDERAL LAW.

SOCIAL SECURITY NUMBERS (“SSN”) held by the Village may be disclosed only for the following reasons:

1. The disclosure of the SSN is expressly required by federal or state law or a court order;
2. The disclosure of the SSN is necessary for the receiving agency or governmental entity to perform its duties and responsibilities;
3. The individual expressly consents in writing to the disclosure of his or her SSN;
4. The disclosure of the SSN is made in order to comply with the USA Patriot Act of 2001 (Public Law 107-56) or Presidential Executive Order 13224;
5. The disclosure of the SSN is made to a “commercial entity” for the permissible uses set forth in the Driver’s Privacy Protection Act (18 U.S.C. 2721, et. seq.), Fair Credit Reporting Act (15 U.S.C. 1681, et. seq.) or Financial Services Modernization Act of 1999 (15 U.S.C. 6801), or for the verification of the accuracy of personal information received by a commercial entity in the normal course of its business (subject to the requirements of Policy 1.3 hereinabove);
6. The disclosure of the SSN is for the purpose of the administration of health benefits for the Village employee or the dependents of that employee;
7. The disclosure of the SSN is for the purpose of the administration of a pension fund administered for the Village employee’s retirement fund, a deferred compensation plan, or a defined contribution plan; or
8. The disclosure of the SSN is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

All applications MUST be submitted in person at the Royal Palm Beach Recreation Center located at 100 Sweet Bay Lane.

Please contact (561) 790-5124 with any questions about this form or the submission process.