

MONTVILLE TOWNSHIP RECREATION COACHES APPLICATION FORM

Please complete all pages of the application:

LAST NAME	FIRST NAME	MAIDEN NAME

ADDRESS

TOWN	STATE	ZIP CODE	DATE OF BIRTH

DRIVERS LICENSE #	SOCIAL SECURITY #	MALE	FEMALE

HOME#	CELL #

PAGER#	EMERGENCY #

Email address : _____

Previous Residence(s) List all of the past 5 years – (Use another sheet if necessary)

ADDRESS

TOWN	STATE	ZIP CODE

Present Employer

NAME of COMPANY

ADDRESS

TOWN	STATE	ZIP CODE

WORK #	EXTENSION #	FROM	TO

Please answer the following questions

Have you ever been charged or convicted of a crime? Yes ___ No ___
 If yes please explain in detail _____

Have you ever been involved in an incident involving child abuse or neglect? Yes ___ No ___
 If yes please explain in detail _____

Have you ever had or do you have a problem with drugs and/or alcohol? Yes ___ No ___
 If yes please explain in detail _____

List the Sport organization you are volunteering for: _____

Do you have children in the program? Yes No

If yes, at what level(s)? _____ Ages: _____

If yes, at what level(s)? _____ Ages: _____

If yes, at what level(s)? _____ Ages: _____

Prior to being allowed to volunteer, the Montville Township Recreation Department requires that all candidates complete a "Coaches Youth Sport Certification Program" and complete this entire form.

Have you attended a "Coaches Youth Sport Certification Program"? Yes No

If YES, list programs and any ID #'s below. If NO, contact the Montville Township Recreation Department for a list of available program dates.

NYSCA or Other Certification Organization _____ ID # _____ Date: _____

Baseball/Softball/T-Ball (Levels) _____

Basketball (Levels) _____

Cheerleading (Levels) _____

Football (Levels) _____

Hockey (Levels) _____

Lacrosse (Levels) _____

Rugby (Levels) _____

Soccer (Levels) _____

Other (List) _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, describe in detail: _____

CONSENT/RELEASE FORM

As a condition of volunteering, I give permission for the Montville Township Recreation Dept. to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. Falsification of information on this disclosure statement may be grounds to deny participation in any of Montville Township's Recreation programs. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. Further, I agree to indemnify and hold harmless Montville Township, it's league organizations and Board Members, and persons to whom this request is presented, as well as his/her agents from and against all claims, damages, losses and expenses, including attorney's fees arising out of or by reason of compliance with this request. I also understand that, regardless of previous appointments, Montville Township Recreation Dept. is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the league Board and or Montville Recreation removal by the Ethics Committee for violation of any policies set forth for the coaches in Montville Township.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

Upon completion, mail to: **Montville Township Recreation Department**
c/o Ethics Committee, 195 Changebridge Rd., Montville, NJ 07045

NOTE: Montville Township Recreation will not discriminate against any person on the basis of race, creed, color, national origin, martial status, gender, sexual orientation or disability.

Montville Township Recreation Department Youth Sports Coaches Contract

Thank you for volunteering to be a coach, manager or assistant in one of Montville Township's Recreation Programs. In order to be considered as a volunteer, you need to complete three items as follows:

1. Youth Sports Coaches Contract (Code of Ethics)
2. Disclosure Statement (Background Check) *see pages 1 and 2*
3. Completion of a Montville Township Approved "Sports Certification Program"

Upon completion of the requirements above, the approval of the Montville Township Recreation Department and the sports organization for which you have applied, you will then be considered as a volunteer. Each coach/assistant must wear an ID Badge. No person will be allowed on the field without the proper ID.

YOUTH COACHES CODE OF ETHICS

- I hereby pledge to live up to my certification as a coach by following the Code of Ethics.
- I will place the emotional and physical well being of all players ahead of any personal desire to win.
- I will remember to treat each player as an individual, remembering the large range of emotional and physical development within a particular age group.
- I will do my very best to provide a safe playing situation for my players.
- I promise to review and practice the necessary first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all players.
- I insure that I am knowledgeable in the rules of each sport that I coach, and will teach these rules to my players.
- I will use coaching techniques appropriate for each of the skills that I teach and for the proper age level.
- I will remember that I am a youth coach that the game is for the children and not adults.

I (please print first & last name) _____ verify that I have read and understand the Youth Sports Coaches Contract. I agree to abide by all the rules, regulations and policies set forth by the Montville Township Recreation Department and the organization of which I am involved. I also understand if I violate and/or break any of the rules, regulations or policies I may lose the privilege of coaching, managing or assisting in any program sponsored by the Montville Township Recreation Department.

Please complete all of the following information, print neatly, all UPPER CASE Letters with a black pen.

FIRST NAME MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

PHONE # COACH ID #

SIGNATURE _____ DATE: _____

NOTE: Sport organizations will be fined accordingly for coach's non-compliance of wearing their coach's ID. First offense \$50.00, second offense \$75.00 and third offense will be suspension from the season. It is the responsibility of the sponsoring sport organization to ensure that coaches wear their ID cards.

Montville Township Recreation Athletic Code of Conduct

The following is promulgated in accordance with the provisions of State of New Jersey P.L. 2002, Chapter 74.

PREAMBLE: Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or other attendee
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while at a youth sports event and will not attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person, to use drugs or alcohol at a youth sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
11. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
12. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
13. I will not initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
14. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
15. I will not encourage my child, or any other person, to engage in any property damage.
16. Failing to abide by a league/organization rules for minimum playing time required for each player.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a youth sports event I will be subject to disciplinary action, including but not limited to the following in any order or combination, and possibly be banned as described in provision P.L. 2002, chapter 74:

1. Verbal warning issued by a league, organization or school official.
2. Written warning issued by a league, organization or school official.
3. Suspension or immediate ejection from a youth sports event issued by a league, organization or school official who is authorized to issue such suspension or ejection by a school board or youth sports organization.
4. Suspension from multiple youth sports events issued by a league, organization or school official who is authorized to issue such suspension by a school board or youth sports organization.
5. Season suspension or multiple season suspension issued by a school board or youth sports organization.

N.J.S.A. 5:17-4 VIOLATION OF CODE OF CONDUCT: Any student, coach, official, parent or other person subject to the terms and condition of an athletic Code of Conduct established pursuant to the provisions of P.L.2002, c. 74 (C.5:17-1 et seq.) who violates the provisions of the athletic code of conduct, may be banned from attending any subsequent school or community sponsored youth sports event. In the event that any student, coach, official parent or other person subject to the terms and conditions of an athletic code of conduct is banned from attendance, that person may petition the school board or sports team for permission to resume attendance. Prior to being permitted to resume attendance, the school board or sports team shall required the individual to present proof of completion of anger management counseling through a public or private source.

Signature: _____

Date _____

Name (please print) _____

Background Check Instructions

1. TO REGISTER FOR AN APPOINTMENT ONLINE GO TO
<http://www.bioapplicant.com/nj>
2. BOX 1-6 USE THE CODES ON THE FORM TO INPUT FROM THE DROP DOWN MENU
2. BOX 7 Choose P03017 (THE 0'S ARE ZERO'S)
3. NEXT YOU WILL BE ASKED TO MAKE YOUR APPOINTMENT. PARSIPPANNY IS THE CLOSEST LOCATION AND THEY OFFER SATURDAY APPOINTMENTS. PARAMUS AND OTHER LOCATIONS ARE ALSO AVAILABLE.
4. NEXT ENTER YOUR PERSONAL INFORMATION ASKED AND COMPLETE THE SAME ON YOUR APPLICATION TO BRING TO YOUR APPOINTMENT.

Notification Period - Recreation usually receives notification from the state 5-7 days after your prints have been taken. When notice of passage is received by the Recreation Department; as long as you have completed your coach certification class your permanent badge will be mailed immediately to you.

Reimbursement – If you choose you may get reimbursed for the fingerprint fee by submitting your fingerprint application, receipt and a completed voucher to the Recreation Department after you've been fingerprinted. Reimbursement takes 4-6 weeks.

If you have any questions or need help with this process please email ldent@montvillenj.org or call 973-331-3344.



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$24.20	
(7) Contributor's Case # (Unique Identifier) P03017			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address Address City State Zip					
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement) Employer Address City State Zip			
<p>Identification Requirement - Acceptable Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).</p>					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You MUST retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

Township of Montville

195 Changebridge Road, Montville, NJ 07045-9498
 Municipal Offices: (973) 331-3300 * Fax (973) 402-0787

Date: _____

Purchase Order #

Capital	
Dog Fund	
Developer's Trust Fund I	
Developer's Trust Fund II	
In-House Engineering	
Public Assistance II	
Special Construction	
Special Recreation	
Special Roads	
Unemployment T.F.	
SUNSHINE	

Notice: A signed voucher must be returned attached to bills for payment. All bills must be itemized and accurately show for what service or material the same are presented.

Date Paid _____

Pay To: _____

Check # _____

None -
 STREET -
 244 St. Pp

Quantity	Description Of Goods Or Services Rendered	Unit Price	Amount
1	Reimbursement for Coach Background Check		\$24.00

Vendor's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charges is a reasonable one.

Signature for _____

Requisition (Department Head)

Receipt Certification

I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

Fund's Certified

Claim Approved

Sign Here _____

Official Position Coach

Sign Here _____

Official Position _____

(Treasurer's Office)

Date

(Mayor or Administrator)

Date