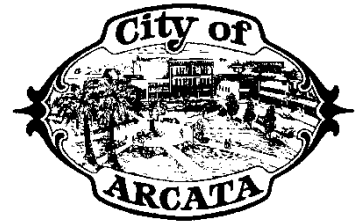


Arcata Recreation Division
736 F Street, Arcata, CA 95521
707-822-7091 phone 707-825-2118 fax
cityofarcata.org



October 1, 2019

Dear Potential Coach,

Preparations are underway for the 2020 Arcata Youth Basketball Program and we are eagerly anticipating over 450 players this season. Thank you for your interest in participating in the program as a potential volunteer coach.

Teams will practice one night per week beginning January 6th. Games will be played each Saturday, starting January 11th and continuing through February 29th (games will not be played on Saturday, February 22nd).

To begin the volunteer process, we will need to complete a fingerprint clearance. Please call the Arcata Recreation Division office at 822-7091 to make an appointment to be fingerprinted (this takes about 15 minutes) As Soon As Possible. A detailed coaching packet will be distributed at a later date. Please note that teams will be limited to one head coach and one assistant coach this season and all coaches must have fingerprint clearance to participate in the program.

Please do not hesitate to contact our office if you have any questions, 822-7091. We look forward to seeing you at the gym this year!

Sincerely,
Arcata Recreation Division

Arcata Recreation Division Youth Basketball Program

Volunteer Coach Criteria

Thank you for your interest in being a volunteer coach for the Arcata Youth Basketball Program. This season we are asking potential coaches (new and returning) to please verify that they meet the volunteer criteria listed below. All volunteer coaches will still be required to have a formal fingerprinting and background check completed prior to the season (if you have been previously Live Scan fingerprinted by the Arcata Recreation Division you do not need to be re-printed). If you do not meet the criteria listed below we ask that you refrain from volunteering.

Arcata Youth Basketball Program Volunteers may **not** have:

1. Any pending criminal court charges
2. Previous convictions of assault or sexual misconduct
3. Drug related charges or a DUI within the past 5 years
4. Currently on probation for any crime

Arcata Youth Basketball Program Volunteers also agree to complete:

1. The City of Arcata's Volunteer Packet
2. The Arcata Youth Basketball Program's Coach's Oath

If you have questions about the above criteria, feel free to contact the Arcata Recreation Division at 822-7091 or by email

rec@cityofarcata.org

**Please complete the Practice Request/Participant Form
and return to the
Arcata Recreation Division
736 F Street, Arcata, CA 95521**



VOLUNTEER AGREEMENT

SECTION I – VOLUNTEER INFORMATION

Name: _____ Social Security #: _____

Phone #: _____ Driver's License # _____ (If driving City Vehicles)

Home Address: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____ Phone #: _____

As a volunteer, I have received and agree to abide by all applicable rules, regulations and guidelines as set forth in the *City of Arcata Volunteer Handbook*, and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide, and that the City of Arcata may terminate this agreement at any time without prior notice.

_____ I have read a copy of the attached Volunteer Service Assignment Description Form and I ascertain that I am physically able to complete the tasks listed.

_____ I have read a copy of the attached Volunteer Service Assignment Description Form and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____ **Date:** _____

If under 18 years of age:

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the City of Arcata. I further acknowledge that I have completed the Authorization for Treatment Form on his/her behalf.

Parent/Guardian Signature: _____ **Date:** _____

SECTION II – TO BE COMPLETED BY THE DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work: City of Arcata, Recreation Div.

Supervisor responsible for volunteer's work: Recreation Coordinator

Supervisor's Phone #: 822-7091

Volunteer assignment will begin on: December 2019 and end on: April 2020

Volunteer is **NOT** authorized to drive own vehicle on City business.

Supervisor's Signature: _____ **Date:** _____

*Attached is a copy of the Volunteer Service Assignment Description Form
Copies: Original on file in department, copy (1) to volunteer, copy (2) to the City Manager.*

CITY OF ARCATA
VOLUNTEER SERVICE ASSIGNMENT DESCRIPTION FORM

VOLUNTEER ASSIGNMENT TITLE: Volunteer Coach- Youth Basketball Program

Briefly explain the volunteer assignment and describe the job duties.

Coaching youth basketball for the 2020 Youth Basketball League. May include demonstration of fundamental basketball skills such as dribbling and shooting.

1. Check the frequency of activity required of the volunteer to perform the job.

ACTIVITY	NEVER 0 hours per day	OCCASIONALLY 0 – 3 hours per day	FREQUENTLY 3 - 6 hours per day	CONSTANTLY 6–8+ hours per day
Sitting		x		
Walking		x		
Standing		x		
Bending (neck)		x		
Bending (waist)		x		
Squatting		x		
Climbing	x			
Kneeling		x		
Crawling	x			
Twisting (neck)		x		
Twisting (waist)		x		
Hand Use (Repetitive)		x		
Hand Use (Grasping)		x		
Hand Use (Fine Manipulation)		x		
Pushing & Pulling		x		
Reaching (above shoulder level)		x		
Reaching (below shoulder level)		x		
Lifting 1-10 lbs		x		
Lifting 11-20 lbs		x		
Lifting 21-50 lbs	x			
Carrying 1-10 lbs		x		
Carrying 11-20 lbs	x			
Carrying 21-50 lbs	x			

Describe the heaviest items required to lift and distance to be carried:
Basketballs, 100-200ft.

2. Please indicate if the job requires.

ACTIVITY	YES	NO	If yes, please briefly explain
Driving cars, trucks, forklifts or other equipment		x	
Working around equipment and machinery		x	
Walking on uneven ground		x	
Exposure to excessive noise		x	
Exposure to extremes in temperature or wetness		x	
Exposure to dust, gas, fumes, or chemicals		x	
Working at heights		x	

City of Arcata
Recreation Division
2020 Youth Basketball Program

Coach Practice Request/Participant Form

Head Coach's Name: _____ **League/Grades:** _____

Mailing Address: _____

Phone: _____ **T-Shirt Size:** _____

Email: _____

Assistant Coach's Name: _____

Mailing Address: _____

Phone: _____ **T-Shirt Size:** _____

Email: _____

Each team is allowed 1 Head Coach and 1 Assistant Coach.

Please list those times/days during which you are able to hold a team practice.

1. _____
Day Time
2. _____
Day Time
3. _____
Day Time

Please list names and grades of your child(ren) and assistant coach's child(ren) that you will be coaching.

- | | Child's Name | Grade |
|----|--------------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Please return this form by November 22, 2019

To the Arcata Recreation Division, 736 F Street, Arcata, CA 95521
Fax 707-825-2118