

## RAF Lakenheath Volunteer Coach Agreement

Name: \_\_\_\_\_ Rank \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

User Preferred E-Mail Address \_\_\_\_\_

Organization Name: RAF Lakenheath Youth Sports Program

Squadron: \_\_\_\_\_ Office symbol: \_\_\_\_\_ PSC \_\_\_\_\_ Box \_\_\_\_\_ APO,AE \_\_\_\_\_

In what capacity would you like to volunteer? Head / Assistant (Circle one)

Is there someone you would prefer to coach with? \_\_\_\_\_

Sport: Baseball / Basketball / Cheerleading / Flag Football / Soccer / Volleyball (Circle one)

Coached this sport before? YES NO How many years? \_\_\_\_\_

Interested in coaching a clinic? YES NO

Age group you would like to coach: 5-6 / 7-8 / 9-10 / 11-12 / 13+ (Circle one) age groups may change due to low registrations.

**Are you current in CPR & First Aid?**

Expiration Date: CPR \_\_\_\_\_

First Aid \_\_\_\_\_

I, the undersigned, desire to volunteer my services to the Youth Sports Program as a volunteer coach or assistant coach. I agree that my services will be offered at no cost to the United States government or any instrumentality thereof. I further understand the my service as a volunteer coach entitles me to no compensation, either in the form of pay or benefits, and agree that I shall not bring forth any claim against the United States or any agency, instrumentality or employee thereof. Furthermore I agree to attend a NYSCA coach's certification training if one has not been completed by me in the previous twelve months.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Job Description- Volunteer Coach

## JOB REQUIREMENTS:

- Desire to work with youth 5-18 years of age teaching them the fundamentals of the sport, good sportsmanship, teamwork and most of all how to have fun.
- Be able to dedicate from 3-10 hours a week for 8-10 weeks or the entire sport season.
- Complete NAYS volunteer coach's certification training and any other specific training as determined necessary by the Youth Sports office.
- Be a good role model for youth in sportsmanship and leadership as set down by Air Force Youth Sports guidelines and this coach's handbook.
- Fill out all required volunteer forms; i.e. coach application; internal records check, child abuse statement, drugs and alcohol statements, etc.
- The use of tobacco products, alcohol and smoking are not permitted in, on, or around youth sports fields, courts or areas of play by team coaches and or parent spectators.
- Coaches should talk to the youths and parents on your team about the importance of an alcohol, tobacco, and drug-free environment for children.

## JOB DUTIES:

- Take responsibility, sign for and return all issued equipment, uniforms, training books or video tapes and other issued items
- Assist in skills assessments and team roster building via coach's draft.
- After receiving your team roster do the following:
  - Call all members of the team and set-up a parent coach meeting to be held prior to or immediately after the first practice.
  - Recruit a team parent for the team to handle miscellaneous duties.
  - Hand out Emergency contact information & Consent form.
  - Be at practices and games 5-10 minutes before scheduled time and do not depart until all team members have been picked up by a parent or guardian.
  - Coach 2 practices and 1-2 games per week. Amount and length will depend on the age division you are coaching.
  - Conduct yourself in a good sportsmanship like manner and ensure that all others on your team to include assistant coaches, players and parents learn about good sportsmanship and practice it.
  - Ensure all other parents notified by you, an assistant coach or team parent of any schedule change to practices, games, traveling times or dates.
  - In the event of a cancelled practice due to personal reason please contact the sports office prior to cancellation.
  - Ensure that all play is conducted safely and be responsible in the event of a minor injury and be able to handle an emergency situation if it should arise.

## JOB MISSION:

- To provide quality youth sports activity in a positive, fun, and safe environment where children have the opportunity to develop self-esteem, become competent in some sport specific skills, make some new friends, and learn the meaning of good sportsmanship.

There will be a mandatory coach's certification clinics for all volunteer coaches. Contact the RAFL Youth Sports Director to sign-up for the next coach's certification clinic. All clinics will be held at the Lakenheath Youth Center. DSN: 266-5437 or 01638-525437

**PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in RAF Lakenheath Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary. Non-disclosure may prevent you child from participating in RAF Lakenheath Youth programs.**

**RAF Lakenheath Youth Center  
Employment Reference Check**

Applicant name: \_\_\_\_\_

Position: Volunteer Youth Coach

Date reference is completed: \_\_\_\_\_

Person Providing Reference: \_\_\_\_\_

Phone number: \_\_\_\_\_ Title: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

What was your relationship with this person? \_\_\_\_\_

What was the person's title? \_\_\_\_\_

Date(s) of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Is this person eligible for rehire? \_\_\_\_\_

Have you observed this person working with children? \_\_\_\_\_

If so, could you give me some information about the observation(s)?

\_\_\_\_\_

How well did this employee get along with supervisors and co-workers?

\_\_\_\_\_

Would you rehire this person?

\_\_\_\_\_

This person will be working with youth ranging from 6-18 years of age.

Do you know of any reason why this person would not be trusted with their care?

\_\_\_\_\_

Any additional information you would like to share?

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

## RAFL Fingerprint Worksheet

Personal Information

Date of Fingerprints: \_\_\_\_\_

Full Name (LAST., First MI): \_\_\_\_\_

Aliases/Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (YYYYMMDD): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Place of Birth (State only, if born in US - Country, if not born in US): \_\_\_\_\_

Physical Description

Gender: Female  
Male

Hair Color: Bald  
Black  
Blonde or Strawberry  
Brown  
Sandy  
Red or Auburn  
Gray or Partially  
Gray White  
Unknown

Color Eyes: Black  
Blue Brown  
Green Gray  
Hazel  
Maroon  
Multicolored  
Unknown

Race: Asian  
Black  
Native American  
Unknown  
Caucasian/Latino

Height: \_\_\_\_ (e.g. 5' 8")

Weight: \_\_\_\_ (pounds)

Why are we taking your fingerprints? Place an X in the Applicable Box:

<input type="checkbox"/>	DoDDS-Volunteer	<input type="checkbox"/>	Youth Center-Volunteer	<input type="checkbox"/>	Scouts-Volunteer
<input type="checkbox"/>	Chapel Volunteer	<input type="checkbox"/>	Red Cross-Volunteer	<input type="checkbox"/>	Red Cross-for a CAC
<input type="checkbox"/>	NAF	<input type="checkbox"/>	NAF-work with children	<input type="checkbox"/>	AAFES
<input type="checkbox"/>	GS employee	<input type="checkbox"/>	GS employee-work with children	<input type="checkbox"/>	DoDDS-Employee
<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Contractor-work with children	<input type="checkbox"/>	DECA
<input type="checkbox"/>	Recruit	<input type="checkbox"/>	Civilian-immigration	<input type="checkbox"/>	Civilian-adoption
<input type="checkbox"/>	Civilian--work credentials	<input type="checkbox"/>	Other (List):	<input type="checkbox"/>	

(PLEASE CALL FIRST FOR AN APPOINTMENT)

RICKY J. WOODARD

Bradford Road  
Building #977  
APO, AE, United Kingdom  
09461  
DSN: 314-226-1735 Commercial: 44-1638-521735

**FOR OFFICIAL USE ONLY (FOUO) - When Filled In**

When filled in, this form contains personal information, specifically, personally identifiable information (PII), which may be protected by the Privacy Act of 1974, the disclosure of which could cause significant harm to the individual and the Air Force. This information must be protected as FOUO. Forward PII information to individuals with a need-to-know only.