



EPYAL COACHING APPLICATION

This is an application to request to Coach with EPYAL. Requests are NOT guarantees. All applications must pass the required background checks AND be approved by the EPYAL Board. Anyone selected to become a Coach will be notified by email from a Sport's Director after the monthly Board Meeting. **APPLICATIONS MUST INCLUDE THE REQUIRED BACKGROUND CHECKS WHEN SUBMITTED** Please combine all documents into ONE PACKET. Do not send separate emails. Return FULL Application to your Sport's Director.

SECTION 1 – Coach Personal Information

Name, Full Legal: Preferred First Name: DOB:

Address: City: State: PA Zip:

Email: Phone:

Emergency Contact name and phone number:

SECTION 2 – Background Information

Previous volunteer experience (including Coaching & years):

Do you have children in the program? Yes No If yes, list full name and level

Special Certification (CPR, Medical, etc)? Yes No If yes, list:

Do you have a valid driver's license? Yes No Driver's License#: State:

Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? If yes, describe & date(s): Yes No

Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No If yes, describe each & date:

Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full & date:

Have you ever been refused participation in any youth programs and/or listed on any youth organization ineligible list? Yes No
If yes, explain:

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. AS A CONDITION OF VOLUNTEERING, I give permission for EAST PENNSBORO YOUTH ATHLETIC LEAGUE (EPYAL) to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability EPYAL, the board members and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, EPYAL 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 ANY EPYAL BOARD MEMBER and removal by the Board of Directors for violation of EPYAL's Code of Conduct, policies or principles.

SECTION 3 – Required Background Checks:

PLEASE SCAN ALL OF THESE ITEMS INTO ONE EMAIL AND SEND TO DIRECTOR / or hand in all together.
Do not send multiple emails with separate documents.

The Director will take all applications to the EPYAL Board for final approval, meetings are once/month.
You may **NOT** attend any practice/ game/ hosted event as a Coach until the EPYAL Board has approved your position.



Check off your REQUIRED items to confirm they are submitted with this application:

This Application completed and signed

Act 34 – Criminal Record Check from the Pennsylvania State Police

- Must be completed within the past five (5) years.
- Free for volunteers.
- <https://epatch.state.pa.us/>

Act 151 – Child Abuse History Clearances from the Department of Human Services

- Must be completed within the past five (5) years.
- Free for volunteers.
- For the quickest turnaround, please apply online at <http://www.compass.state.pa.us/CWIS>

Act 114 – Disclosure Statement for Volunteers (lived in PA for 10 years)

OR – FBI Fingerprint Clearance if you have not lived in PA for the last 10 years

- If lived in PA for the last 10 years:
 - Sign the Disclosure Statement (found on this document)
- or-**
- If you have NOT lived in PA for the last 10 years continuously:
 - FBI Fingerprint Clearance
 - Cost: \$22.60 for volunteers, eligible for reimbursement upon proof of completion. (you pay)
 - <https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>
 - When prompted for a Service Code, enter 1KG6XN

*** FIRST TIME APPLICANTS:** Must provide copy of driver's license

PA Mandatory Reporter Training (optional)

In the State of Pennsylvania all Sport Coaches are automatically made PA Mandatory Reporters.
The training is optional but HIGHLY recommended: <https://www.reportabusepa.pitt.edu/>

PA Law States: Child-Serving Roles: Any Individuals – paid or unpaid – who, on the basis of the individuals' role as an integral part of a regularly scheduled program, activity, or service, are responsible for the child's welfare or has direct contact with children. If you suspect child abuse or neglect, call ChildLine at 1-800-932-0313

SECTION 4: Sport Information

Which sport are you applying to Coach for:

Season/Year:

Age Group/Team:

Position: (Select All)

Head Coach

Assistant Coach

Team Parent

Team Manager

Board Member

Other:

Notes to Director:

SECTION 5: Coach Code of Conduct

This application serves as your commitment to:

- Submit and pass all applicable background checks annually. Submit new application annually.
- Be able to work with youth of all ages
- Be responsible for the well being of each player on his or her team and shall make certain that all safety precautions are observed.
- Be at all practices & games with your assigned squad on time unless coverage is provided by Head Coach/Director.
- Be active in coaching the athletes at all times.
- Remain at practices, games & hosted events until all athletes in your squad/team have been picked up by a parent/guardian.
- Be at hosted events with your squad/team (Photo Day, Sports Parade, Halloween Parade, End of Year Party, etc.)
- Abide by the EPYAL Code of Conduct AT ALL TIMES when representing EPYAL.
- Report any injuries that occur during your sport to a Director immediately (injury to any athlete or coach).
- Be game day ready with any required ID, League Equipment, First Aid Kit & Roster/Emergency Information
- If you are a Parent/Family Member of an athlete on your Squad/team - you must refer all discipline for that athlete to another Coach or the Sport's Director.
- Be available for work details as directed by the President or Program Directors.
- Be a proper example in good sportsmanship and stress, at all times, fair play and good sportsmanship to each and every player. Not ridicule players, coaches or officials. Use positive feedback with players.
- Be a guardian for all property belonging to the League at all times. Return all equipment at the end of your season.
- Restrain unruly or unreasonable fans or parents
- Keep all athlete, coach & volunteer information confidential
- Automatically become a Pennsylvania Mandatory Reporter
- Report incidents involving any unruly behavior to their respective Director. Be civil when discussing "differences of opinion" with officials, other coaches, or parents.
- Remove participants from the field of play and seek shelter when lightning is visible. Participants may not return to the field of play for a minimum of 30 minutes after the last lightning strike, unless another league's rule designates another amount of time.
- Be responsible for players cleaning field/bench area after games and practices.
- Agree to attend a coaching skills clinic when offered.

By signing this form, I hereby agree to abide by these standards and discuss them with my player/participant if applicable. I also agree that if both I and my player/participant do not follow the regulations set in EPYAL's Code of Conduct, one or both of us may be subject to one or more of the following actions:

1. Verbal warning.
2. Written warning.
3. Immediate suspension/ejection from the current game/practice.
4. Partial or full season suspension.
5. Suspension or ejection from all EPYAL activities

In instances requiring Board review, participants may be removed from play and may not be allowed to participate again until the matter is resolved.

By checking this box I agree to follow the Coach Commitment and Code of Conduct

Initials

SECTION 6: Acceptance

By signing below, I attest that all the information provided on this Application is true and up to date.
I agree to/understand all that is stated on this application.

I understand completing an application is NOT a guarantee of approval to become an EPYAL Coach.

I Understand that applications must be EPYAL Board approved after all background checks are submitted.

All background checks must come back clear.

Board Members meet once per month to approve these applications.

By signing below I understand that Coaching with EPYAL is a privilege and this privilege may be terminated at any time by any EPYAL Board Member.

Printed Name:

Date:

Signature:

DISCLOSURE STATEMENT
APPLICATION FOR UNPAID/VOLUNTEER POSITION

Required by the Pennsylvania Child Protective Service Law
23 Pa.C.S. § 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking an unpaid/volunteer position and I **AM NOT** required to obtain the Federal Bureau of Investigations (FBI) Criminal History Clearance as:

- I have been a resident of Pennsylvania during the entirety of the previous 10-year period; **OR**
- I have received the FBI Criminal History Clearance from the Pennsylvania Department of Human Services (DHS) at any time since establishing residency in Pennsylvania and provided a copy of my result to the person responsible for the selection of volunteers.

I understand that the above exceptions do not apply to volunteers in a child day-care center, group day-care home or family child-care home.

I swear/affirm that I have not been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under federal law or the law of another state:

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)

The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five (5) years.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse within the past five (5) years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that, if I am arrested for or convicted of an offense listed on the previous page or am named as perpetrator in a founded or indicated report of child abuse, I must provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database. I understand that, if I willfully fail to disclose this information, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination from or denial of a volunteer position.

I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction, or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications and the cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that certifications obtained for volunteering purposes may only be used to apply to volunteer or to serve as a volunteer and cannot be used for employment purposes.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring or selection process for employees or volunteers.

I understand that the employer, administrator, supervisor, other person responsible for employment decisions or other person responsible for the selection of volunteers is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to 18 Pa.C.S. § 4903 (relating to crimes and offenses).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the volunteer is a minor:

Parent or Guardian:		Signature:		Date:	
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SECTION 8: EPYAL Agreements and Waivers

East Pennsboro Youth Athletic League COACHES AGREEMENTS & WAIVERS

MEDICAL AGREEMENT:

I am informing EPYAL of any and all medical conditions that may interfere with my ability to participate in Coaching in writing to a Director, signed by myself and the Director, and dated. I hereby grant permission to EPYAL Coaches, Directors or Board Members to administer any necessary medical care as a result of any injury during my coach time. This permission includes First Aid and/or transportation to health care facilities. I hereby waive my right to bring any claim against such individual in the exercise of such judgement. I recognize the insurance coverage for injuries received during my coaching time is the responsibility of my insurance policy first.

MEDICAL AGREEMENT: INITIALS:

LIABILITY WAIVER:

The Coach warrants that he/she has granted permission with the said Team; and East Pennsboro Youth Athletic League and all its member teams, players and parents of same, coaches and managers, board members, and volunteers who are associated with the league, and while acting on this leagues behalf, are released from any responsibility or liability for any claim for damages which said Coach may by reason of mishap, accident or injury received by the Coach in play or in practice with said team or in traveling to or from the playing field on which any game, exhibition or practice may be conducted and the Coach will return all said team equipment upon separation from said team. This contract is for the entire eligibility of said Coach.

LIABILITY WAIVER: INITIALS:

PHOTOGRAPHY WAIVER:

East Pennsboro Youth Athletic League (EPYAL) IMAGES WAIVER: I hereby grant permission to East Pennsboro Youth Athletic League, INC., its Board, Directors, Volunteers, Representatives, Etc. to take/use photographs and/or digital images of me for us in any releases and/or any promotional materials. These materials may include printed or electronic publications, web sites or other forms of communications. I further agree that my name and identity may be revealed in commentary in connection with these images. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions, files, records, history, etc. shall be property of East Pennsboro Youth Athletic League, INC., and its Board.

PHOTOGRAPHY WAIVER: INITIALS:

COMMUNICABLE DISEASE WAIVER:

In consideration of being allowed to participate on behalf of East Pennsboro Youth Athletic League (EPYAL) and related events and activities, I acknowledge, appreciate, and agree that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWLING AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of my league officials immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS East Pennsboro Youth Athletic League (EPYAL), their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ('RELEASES'), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I agree to indemnify the RELEASEES against any and all costs and expenses incurred by the RELEASEES, including reasonable attorneys' fees, to defend any legal action brought by me or on my behalf against the RELEASEES for claims herein released.

COMMUNICABLE DISEASE WAIVER: INITIALS:

COACHING RULES AGREEMENT:

By signing this form I have agreed to read and abide by the Sport's Coaching Rules and EPYAL Code of Conduct at all times during the Sport's Season. I understand that Coaching is a privilege and this privilege may be terminated at any time by any EPYAL Sport Director or EPYAL Board Member. I understand I am considered a Coach during any practice, game, hosted event or anytime I am wearing EPYAL attire.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND I AGREE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing this form I agree to all of the waivers above.

Name Printed:

Date:

Signature: