

**EI Paso Parks And Recreation Department (EPPARD)
EPPARD VOLUNTEER IN YOUTH SPORTS OR CONCESSIONAIRE
Background Check Consent & Release**



(CONFIDENTIAL **)**

Team Name: _____
Sport: _____
Date: _____

RECEIPT NUMBER: _____
Age Group: _____
Center From: _____

***Note:** Applicants must provide a \$40.00 payment to the City of El Paso, Texas for a background check **every two (2) Years.** If the Parks & Recreation Department already has a copy of your background check on file, please contact Paula Powell at 351-1098 to request a copy.

(Applicant must allow for a copy of the ORIGINAL STATE ISSUED ID to be made when application is paid for.)

Individual's Name: _____

(Company Name of Concessionaire)

Phone Number: _____

***** PLEASE WRITE AS NEATLY AND LEGIBLE AS POSSIBLE *****

Writing that is difficult to read may result in a delay in completing your Background Check which could delay your Application.

Last Name: _____
_____ M. I.

First Name: _____

Social Security No.: _____

Date of Birth: _____
Month Day Year

Driver's License No.: _____
(TX Driver's Licenses have 8 numbers. State
Additional spaces for other states.)

Address: _____
City: _____
State Zip Code

Have you ever served in the Armed Forces? Yes No If yes please show staff an **Original DD214 Form.** (Record / No Record)

Are you currently serving in the Armed Forces? Yes No If yes please sign **Attachment 1 Form.** **Staff Circle One**

I, _____, authorize and give consent to the City of El Paso, Texas, to obtain
(Applicant's Name - **Please Print**)
information regarding myself. This includes:

- National, State, and Local Criminal Background Records / Information
- Criminal / Sex Offender Background Check / Fingerprints.
- Driver's License Check / Automobile Insurance Check
- Identity Verification / Current and Past Addresses

I, the undersigned, authorize background screening firm, Securatis LLC. (5675 Woodrow Bean, Suite 5: El Paso, TX 79924; (915) 225-2283, to obtain this information on behalf of the City of El Paso, Texas either in writing, by fax or via the telephone in connection with my Volunteer In Sports or Concessionaire Application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the City of El Paso's guidelines.

Signature: _____ Date: _____

STOP HERE IF CONCESSIONAIRE, FILL OUT PAGE ONE (1) ONLY. ALL OTHERS PROCEED TO THE NEXT PAGES.

EPPARD VOLUNTEER IN YOUTH SPORTS

Application Form



Date: _____
Volunteer Position Desired: _____
Full LEGAL NAME of Applicant: _____
Other names (maiden, alias etc.): _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: (____) _____ Evening Phone: (____) _____
Date of Birth: ____/____/____ Social Security: _____ - _____ - _____
Driver's License Number: _____ State: _____ Exp. Date: _____
Previous address if less than 5 years at current address:

(Street) (Apt. / Space Number)

(City) (State) (Zip)

Present employer: _____

Address: _____ Phone: (____) _____

Position: _____

Name of supervisor: _____

Have you been arrested, charged or convicted of a crime?

YES NO

(Check a Box)

If yes, please explain:

EPPARD VOLUNTEER IN YOUTH SPORTS

Application Form



Have you ever had or do you currently have a problem with drugs, inhalants, and/or alcohol?

YES NO
(Check a Box)

What is your motivation to **Coach** or be a **Team Staff Person**? _____

What experience do you have working with children? _____

List any formal training that you have completed that is related to this position. _____

Do you have Automobile Insurance? YES NO
(Check a Box)

Name of Insurance Company? _____

(Applicant must allow for a copy of the ORIGINAL STATE ISSUED ID to be made when application is paid for.)

PRINT YOUR NAME: _____

SIGNATURE: _____

Date: _____

Attachments: 1.) AUTHORIZATION FOR RELEASE OF INFORMATION FORM
2.) YOUTH SPORTS COACHING / TEAM STAFF POLICY

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)	
Other names used			Date of birth		Social Security Number
Current street address	Apt. #	City (<i>Country</i>)	State	ZIP Code	Home telephone number

Attachment: 1.) Authorization For Release Of Information Form

EL PASO PARKS & RECREATION DEPARTMENT
ACOSTA SPORTS CENTER
4321 Delta Drive (next to County Coliseum)
El Paso, Texas 79905
(915) 534-0254



YOUTH SPORTS COACHING / TEAM STAFF POLICY

- 1.) All coaches/team staff (18 years and older) in any youth sport must submit and sign a "EPPARD Volunteer in Youth Sports Application Form". **(This Form and Background Check must be updated every two (2) years.)**
- 2.) All coaches/team staff (18 years and older) must pay for and attend the coaching certification class and continue membership as long as they are a coach/team staff member.
- 3.) All coaches/team staff (18 years and older) must attend a mandatory coaches meeting prior to each season.
- 4.) All coaches/team staff (18 years and older) must sign a "EPPARD Volunteer in Youth Sports or Concessionaire Background Check Consent & Release Form" for a criminal background check. (This form must be updated every two years.) A coach/team staff is disqualified if the individual has a conviction of, imposition of a deferred sentence for, or any plea of guilty or no contest at any time past or present or the existence of any pending charges for:
 - a.) Any felony.
 - b.) If a coach/team staff has a misdemeanor conviction for crimes of a violent nature, such as assault, in the past 10 years, he/she will not be allowed to coach or be a team staff person.
 - c.) Any offense involving use, possession, distribution or intent to distribute illegal drugs or substances.
 - d.) Any crime involving sexual misconduct.
 - e.) Any crime involving violence or a violent act.
 - f.) Any crime involving alcohol.**THIS IS IN EFFECT REGARDLESS OF ADJUDICATION.**
- 5.) All coaches/team staff collecting money from players must provide either a detailed breakdown or a budget for the money received.
- 6.) If the Sports Office receives three written complaints, regarding three separate individuals, concerning three different incidents, the coach/team staff may be subject to suspension.
- 7.) All coaches/team staff are responsible for the maintenance of the facility/fields being used. All team areas are to be left clean, and all team materials are to be picked up after each practice or game. Failure to maintain facility/field could result in loss of that facility/field.
- 8.) Applicant must allow for a copy of the **ORIGINAL STATE ISSUED ID** to be made when application is paid for.

Attachment: 2.) YOUTH SPORTS COACHING / TEAM STAFF POLICY