



Parks, Recreation & Libraries

Roseville Sports Center
1545 Pleasant Grove Blvd.
Roseville, California

Dear Volunteer Coach,

First and foremost, THANK YOU for your interest in volunteering your time and talents as a youth flag football coach. Our kids are very important to us and we look for positive, committed and FUN coaches.

Enclosed are the following:

- Volunteer Coach's Application
- Volunteer Release and Waiver
- Volunteer Emergency Information

Complete these form and return to Jake Hassell

You may scan and email them to jhassell@roseville.ca.us

Also enclosed are:

- Fingerprinting Instructions
- Livescans Form (finger printing)

In order to be a volunteer coach you must get fingerprinted. Unfortunately, organizations may not share fingerprint results. If you were recently fingerprinted for another group, you will need to complete the process again.

If you plan on having your child on your team YOU MUST REGISTER THEM BEFORE THE PROGRAM IS FULL. All interested assistant coaches that are not already with a head coach will be placed into a pool to be selected from. If you are a head coach looking for assistant coaches, please contact me.

We greatly appreciate you wanting to be a volunteer and we look forward to working with you this season. If you have any questions, please call me at (916) 774-5922.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jake Hassell", with a long horizontal flourish extending to the right.

Jake Hassell
jhassell@roseville.ca.us

Head Coach Information Sheet

Head Coach's Name: _____

Player's Name: _____

Phone #: _____

Email: _____

- What division will you be coaching: *(Please circle one)*

1st/2nd 3rd/4th 5th/6th

- What side of town would you like to practice on: *(Please circle one)*

West (Hughes) Central (Central)

- What day of the week would you like to practice: *(Please circle one)*

Tuesday Wednesday Thursday

- Which time would you like to practice: *(Please circle one)*

5:30-6:45pm 6:45-8:00pm

- Please list your assistant coaches (2 max) and their child's names:

Coach's Name

Child's Name

1. _____

1. _____

2. _____

2. _____

- Would you like to be assigned assistant coaches if you do not already have some? *(Please circle one)*

Yes

No

Already have Assistants



CITY OF ROSEVILLE VOLUNTEER APPLICATION

Last Name	First Name	M.I.	Email	
Mailing Address (number, street, apt. no.)			Home Phone	
City		State	Zip	Cell Phone
Are you a United States citizen or lawfully admitted permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid CA Driver's License (if required by the position) No.: _____ Exp.: _____		Birth MM/DD (optional)

Over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain fully in the space provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No

RELATED SCHOOLING AND TRAINING

EDUCATION

Circle highest grade completed				
Current School	8 or below 9 10 11 12 13 14 15 16 17 18	High School Graduate/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address				
Certificate of Training, Licenses, or Professional Registrations:		City	State	Zip

WORK EXPERIENCE

Current Employer			
Address			
Describe any additional skills, knowledge, or specialized training you possess:	City	State	Zip

Have you ever worked for the City of Roseville? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which department?
Are you currently employed? (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporarily Unemployed <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student <input type="checkbox"/> Retired

In what type of volunteering are you most interested?
What are your goals for a volunteer position?
References:

EMERGENCY INFORMATION

This information is strictly voluntary and will be kept confidential.

Contact Person	Home Phone	Cell Phone
Contact Person	Home Phone	Cell Phone

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Department: _____ Date: _____

Return completed form to: City of Roseville Volunteer Center
 Human Resources Department
 311 Vernon Street, Roseville, CA 95678

CITY OF ROSEVILLE

VOLUNTEER'S RELEASE AND WAIVER OF ALL CLAIMS, PHOTO/VIDEO RELEASE, AND CONFIDENTIALLY ACKNOWLEDGMENT

My name is _____. I am over the age of 18 (if under 18 years old, a parent/guardian must also sign this form).

It is my intention to perform voluntary services without compensation for the City of Roseville as a _____.
(Volunteer Job Title)

My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered or be entitled to any benefit or compensation and shall not be and shall not represent that I am an employee of the City. I have completed the required training and have been made aware of the assigned duties and have access to and have been provided with pertinent City policies. I will only access City systems and software as directed and authorized. I recognize that any and all information, data, knowhow, processes, notes, equipment, material, email, records, products, drawings, plans, system and software data, proprietary information, etc. not otherwise already known and available by and to the public ("Confidential Information"), shared with, used, seen, or discovered by me as a volunteer are confidential and shall not be divulged to unauthorized individuals, agencies, or organizations, or third parties, unless directed to do so by the City. I will not copy, transcribe, record, or memorize Confidential Information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services to the City.

I have read the project/assignment description and am aware of the possible hazard(s). I am aware that in volunteering I may incur personal injury and/or property damage.

I understand and have been advised that I may have rights under Sections 1542 of the Civil Code of California which reads as follows: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party." I expressly waive any rights conferred under this code section, as well as any similar law of any state or territory of the United States. I release the City and all of its officers, agents, employees and volunteers, and waive all claims against them, for any personal injury (including death) and/or property damage and/or financial responsibility, or otherwise, I may incur as a volunteer, including damage incurred as a result of the negligence of any officer, agent, employee or volunteer of the City of Roseville, to the broadest extent permitted by law. No promise, inducement, or agreement has been made to me to induce me to release the City of Roseville from liability as described herein, nor has any promise inducement, or agreement been made to me in return for the express waiver of rights referred to herein.

I understand that if I act outside the scope, authority and/or policies and procedures of the City of Roseville, I could be personally subject to a lawsuit for which the City of Roseville will not defend. I also understand that I could be subject to monetary and/or property loss or, depending on the circumstances, imprisonment.

I hereby irrevocably authorize the City of Roseville Public Information Officer or anyone authorized by the Public Information Officer or Media Division to use, reproduce or publish any and all photographs or video of me, which may be taken during my participation in a volunteer event, for any purpose, without compensation to me and as more fully described in Administrative Regulation ("AR") 1.09, as amended from time to time. Additionally, I have been provided and/or will have access to pertinent City ARs and will abide by all applicable City policies and directions, including, but not limited to, AR 2.03 (Harassment, Discrimination, and Retaliation Prevention Policy).

If any provision of this agreement or any application thereof will be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of other provisions of this agreement or of any other application of such provision will in no way be affected thereby. This release and waiver of all Claims is entered into this _____ day of _____ 20____, at Roseville, California.

Print Name: _____ Address: _____

Signature: _____ Telephone: _____

Print Name of Parent/Guardian, if under 18: _____

Signature of Parent/Guardian, if under 18: _____

CITY OF ROSEVILLE

VOLUNTEER'S EMERGENCY INFORMATION AND APPLICATION CERTIFICATION

Emergency Information

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Application certification

I hereby certify that all statements made in this release and in my application are true and I authorize investigation of all matters contained herein and in my application. I acknowledge that any false statements or misrepresentation on this release or any other part of my application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Date: _____

Department: _____ Volunteer Coordinator: _____

Return completed forms to: City of Roseville Volunteer Center
311 Vernon Street
Roseville, CA 95678

For additional information, call Volunteer Center: 916-774-5209

DECLARATION OF WITNESS

(Required when court ordered community service is conducted)

The above individual, in my presence, acknowledged that he/she had read and fully understood the meaning and consequences of the Release and Waiver of All Claims, and he/she signed it in my presence.

Print Name: _____ Date: _____

Signature of Witness: _____



Sacramento Mobile Drug and Alcohol Testing (SMDAT)

Denise Miller: 916-765-0341; DeniseH@mobilesafetyervices.com

Please call, email or text Denise Miller to schedule an appointment.

Fingerprint Instructions:

- As a potential employee or volunteer for the City of Roseville you will be required to be fingerprinted.
- Please bring the **completed** live scan form along with a Photo ID, to have your fingerprints processed.
- You will be notified once your fingerprints have cleared with the next steps. Please be sure to hold on to your fingerprint receipt/live scan form. You will need to bring it with you to your new hire paperwork appointment.
- *Please make sure your full legal name and the job title is filled out accurately on the request form.

Required Proof of Identity Documentation for Fingerprinting:

Please provide one of the following with your application:

If Social Security Card is not required, please be prepared to provide the number on your application.

Non-Minors:

- State Issued Driver License
- Valid Passport

Minors:

Parent MUST accompany

- Government Issued ID
- School ID with an original birth certificate or Social Security card
- Valid Passport

Please be prepared for your appointment. If you do not have your completed form or required proof of identity documentation with you at your appointment, you will need to reschedule. SMDAT will not be able to print the form for you.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0983
ORI (Code assigned by DOJ)

(PRL Division) Volunteer (Volunteer Activity Description/Title)
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CITY OF ROSEVILLE
Agency Authorized to Receive Criminal Record Information

04046
Mail Code (five-digit code assigned by DOJ)

311 Vernon Street
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Roseville CA 95678
City State ZIP Code

(916) 774-5475
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 158474
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: Volunteer
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date
Transmitting Agency LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)