

Southern Lehigh Youth Football Association (SLYFA) Coaches Application

SLYFA Mission Statement

The mission of Southern Lehigh Youth Football Association (SLYFA) is to be an outstanding youth football and cheerleading program for the community we serve, and a feeder program to our Southern Lehigh middle and high school football teams.

Name _____ DOB _____ Drivers License Number _____ Shirt size _____

Address _____ City _____ State _____
Zip _____

Phone number _____ E-mail Address _____ Years living in PA: _____

Which Division do you wish to coach: Flags Competitive Flags JV Varsity Cheer Coordinator

My signature below certifies that I will complete the “Concussion in Sports” online training course
<https://www.cdc.gov/headsup/youthsports/training/index.html>

Signature: _____ Date: _____

1. Briefly describe your Coaching and Playing Experience-All Sports.

2. Football-How will you handle a parent who sends you an email complaining about playing time?

3. Cheer-Briefly describe your vision for the Cheer Program?

4. Do you have any other comments or information that may help in the selection process?

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law 23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes 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.

Chapter 25	(relating to criminal homicide)	Section 2702	(relating to aggravated assault)
Section 2709	(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), or an equivalent crime under Federal law or the law of another state

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five 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 that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

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 or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances. As a condition of volunteering, I give permission for SLYFA to conduct a background check on me, which may include a review of sex offender registries, 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, SLYFA employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, SLYFA 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 the President and removal by the Board of Directors for violation of SLYFA policies or principles.

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 Section 4903 of the Crimes Code.

Signature: _____ Date: _____ Witness: _____
Signature: _____

*****League Use

Only*****

_____ FBI Check or Disclaimer _____ PSP Criminal Record Check _____ Child Abuse History Certification

SLYFA Clearance Information

As a volunteer in this organization, you are required to submit your clearances to SLYFA prior to being permitted to coach. You will be responsible for obtaining and submitting a copy of your Criminal Record Check through the Pennsylvania State Police and a Pennsylvania Child Abuse History Certification. If you have not been a resident of Pennsylvania for the last ten years, you must also complete the FBI Criminal Background check through the Pennsylvania Department of Human Services which will require you to submit your fingerprints. This process can be started at: https://www.pa.cogentid.com/index_dpw.htm

The Pennsylvania State Police Criminal Background check may be completed in approximately 5 minutes:

1. Go to <https://epatch.state.pa.us/Home.jsp>
2. Click the “New Record Check” yellow button
3. Accept the “Volunteer Acknowledgment Section” on the next page.
4. Enter the Volunteer Organization name “SLYFA” and complete your information.
5. If your information is correct on the next screen, Click “Proceed”.
6. Enter your name, social security number, and date of birth and then click “Enter This Request”.
7. If correct on the next screen, Click “Finished”.
8. On the next screen click “Submit”
9. The following screen will have a control number starting with an “R”. Keep this number and the date of the check for your records because you can use this number to access your record later. If the status returns “No Record”, your record is ready immediately and you can click the control number.
10. This will take you to the Record Check Details. Click Certification Form, which is in blue. This will open your record check, which you can print and/or save.

The Pennsylvania Child Abuse History Certification can be completed on the Child Welfare Portal. This process will take you approximately 15 minutes to complete. You cannot use the “Safari” browser on your Apple device to access the Child Welfare Portal. It is also recommended to use Internet Explorer or Google Chrome.

1. Enter the URL <https://www.compass.state.pa.us/cwis/public/home> or you can easily find the portal by searching “pa child abuse clearance” and the first link will usually be the portal. If you have never accessed the portal, the first thing you have to do is to click “Create Individual Account”.
2. Once you have created an account, you will be e-mailed a copy of your user name and temporary password.
3. You will then have to go back to the portal and click “Individual Login”, then “Access My Clearances”, scroll down and click “Continue”.
4. Then enter your Keystone Key (user name) and temporary password. You will then be prompted to enter and confirm a new password.
5. Once you do this, you will again have to go back to the portal home page and start over, this time using your Keystone Key and password that you created.
6. Once you have access to the portal, complete the application. When it prompts you for an application purpose, be sure to click “volunteer”. As a volunteer, the clearance is free of charge.
7. Once you have completed the application, you will receive an e-mail about your submission and may even get the results immediately. Once you get the results e-mail, go back into the portal and log in. Once you get to the “Status of Submitted Applications” page, click on the green box that says “Your application has been processed. To view the result, click here”. There, you can open or save your clearance in PDF format. Save the clearance documents and e-mail it to SLYFAtreasurer@gmail.com
8. **Please email all completed coaches applications to SLYFAAd@gmail.com**
9. If you have any league questions or need assistance, please email SLYFAPresident@gmail.com