



REQUEST FOR CONVICTION RECORDS/ MINORS

Pursuant to KRS 17.160, request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

[Redacted box]

Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment or a volunteer position with the above named organization involving supervisory or disciplinary power over a minor. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature _____ Date _____ Witness _____ Date _____

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>

Revised 10/08

VOLUNTEER RYBL YOUTH COACHING AGREEMENT AND CODE OF CONDUCT

I understand that my responsibilities as an RYBL volunteer youth coach are of great importance and that my actions have the potential to greatly influence the young athletes I coach. I therefore, agree to uphold the following rights of young athletes to the best of my ability. Giving the youth the right to the following:

- Participate in basketball and have fun
- Participate in a safe and healthy environment
- Have an equal opportunity to strive for success
- Be treated with dignity
- Play as a child and not as an adult
- Receive qualified adult leadership

I also agree to uphold the following Code of Conduct and conduct myself accordingly:

- ___ Focus on fundamentals skills, teaching and evaluation techniques, rules and strategies of basketball.
- ___ Become familiar with the objectives and the rules of the sport for which I am coaching.
- ___ I will not cheat or engage in any form of unethical behavior that violates league rules.
- ___ Learn the strengths and weaknesses of my players and utilize them in situations that will help to develop and improve their skill level in practices and games.
- ___ I will lead by example, demonstrating fair play, teamwork, and good sportsmanship to all my players. Remembering that the game's focus is all about the children and NOT the adults.
- ___ I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- ___ I will protect the health and safety of my players.
- ___ Playing time for each child will be consistent with RYBL rules.
- ___ I will adhere to ALL Radcliff Youth Basketball League's policies and procedures.

APPROPRIATE BEHAVIOR:

- ___ I will treat each player, opposing coach, official, administrator, volunteer staff, and parent with respect and dignity.
- ___ I will refrain from using profanity, intimidation tactics, and inappropriate language of any sort.
- ___ I will uphold the authority of the game officials, and assist them at all times in conducting fair and impartial competitiveness.

I understand that violating any of the above codes will jeopardize my privilege to coach with the RYBL.

UNACCEPTABLE BEHAVIOR:

- ___ I will NEVER coach under the influence of drugs or alcohol.
- ___ I will NEVER initiate or participate in any form of verbal or physical assault on any RYBL child/player, staff, volunteer or parent.

I understand any violation of the above codes will result in losing RYBL coaching privileges and IMMEDIATE termination from the league.

Coaches have the right to inform participants of any alleged violation of the code and may report any violation to the RYBL President, Commissioners or other directors of the league.

Radcliff Youth Basketball League reserves the right to take appropriate disciplinary action involving any coach in violation of this code. Coaches agree to cooperate with any investigation, proceeding or resolution related to a perceived violation of the code as mandated by RYBL. Failure to cooperate in and of itself is a violation of the code.

By my signature below, I acknowledge that I have read, understood, and agree to fulfill these responsibilities of the RYBL codes. No exceptions or excuses will be considered.

Coach's Printed Name: _____ **Signature:** _____

Radcliff Youth Basketball League

VOLUNTEER APPLICATION

This form must be completed by ALL coaches and volunteers who support the league and who will have direct contact with youth athletes during season practices, games and other activities. You will also be required to complete and sign the attached Kentucky Background Check Form prior to this application being processed.

CONTACT INFORMATION

Full Name: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Address: _____ City/State/Zip: _____

Home/Cell Phone: _____ E-mail Address: _____

VOLUNTEER POSITION INFORMATION

Which volunteer position are you applying for? _____ Basketball Coach _____ Scoreboard Operator _____ Scorebook

What skills or experience do you possess that you can contribute to the league? _____

Are you available week day evenings and on Saturdays? _____ YES _____ NO

Coaching Position Desired: _____ Head Coach _____ Assistant Coach (*head coach must be at least 21; Asst. coach - 18*)

Age group you prefer to coach? _____ (4-6) _____ (7-8) _____ (9-10) _____ (11-12) _____ (13-15) _____ No Preference

Name of person(s) you wish to volunteer with who also must complete a volunteer application _____

T-SHIRT SIZE: S M L XL XXL XXXL 4XL 5XL - Please circle one

T-Shirts will be ordered at the coach's expense.

EDUCATION / COACHING EXPERIENCE / CERTIFICATIONS

Courses, training or clinics you have taken or attended:

CPR Certified: _____ YES _____ No (Expires: _____) First Aid Certified: _____ Yes _____ No (Expires: _____)

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Contact: _____ Phone: _____

All applicants must answer the following questions. Failure to answer honestly will disqualify the applicant from volunteering.

Have you ever been convicted for any crime involving **physical violence or sex related offences**? _____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor: _____ Yes _____ No If yes, please describe the conviction below to include the date, city, county and state where the offence occurred. _____

By signing this form, you agree that all information you provided above is true to the best of your knowledge.

Applicant's Signature: _____ Date: _____