

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

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

<u>APPLICANT INFOMATION</u>

	Sex	Race	Date of Birth	SOC SEC NO
Address	Street	City	State	Zip
NAME:	First	Middle	Last	Maiden

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 THE FORM TO: Kentucky State Police

Criminal identifications and Records Branch

Criminal Records Dissemination Section

1266 Louisville Road Criminal Records

Frankfort, KY 40601

Visit us Online @ HTTP:\\kentuckystatepolice.org

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 Be treated with dignity
- Participate in a safe and healthy environment
- Play as a child and not as an adult.
- Have an equal opportunity to strive for success 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 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 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 privedges to coach with the RYBI
UNACCEPTABLE BEHAVIOR
I will NEVER coach under the influence of drugs or alcohol
I will NEVER 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 terminator 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 indiscipay 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 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 excuses will be considered.
Coaches Printed Name & Signature:
Radcliff Youth Basketball League

VOLUNTEER APPPUCATION

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 First Middle Last Maiden Street Driver's Licenses# State City Zip **Email Address** Hone/Cell Phone **VOLUNTEER POSITION INFORMATION** Which volunteer position are you applying for? _____Basketball Coach ____Scoreboard Operator Score book what skill or experience do you possess that you can contribute to the league? Are you available weekdays 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 ___XXXL ____4XL ____5XL T-Shirts will be ordered at the coach's expense EDUCATION / COACHING EXPERIENCE / CERTIFICATIONS

CPR Certified: ____Yes _____No (Expires______) First Aid Certified: ____Yes____ No (Expires______)

Courses, training or clinics you have taken or attended:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Relationship to C	ontact P	hone
All applicants must answer form volunteering.	the following questions. Fa	ilure to answer honestly, v	will disqualify the applicar
Have you ever been convicteYes	d for any crime involving ph No	nysical violence or sex rela	ted offenœs?
Have you ever been convicted o	f a felony or misdemeanor:	Yes	No
If yes, please describe the convi	ction below to include the dat	e, city, county and state whe	re the offence occurred?
Date	City	County	State
By signing this form, you your knowledge.	ı agree that all informatio	n you provided above is	s true to the best of
Annlicant's Signature		Date	