



# VOLUNTEER

## Background Check Authorization

800 Goodnight Ave Pueblo,  
CO 81005

(719) 553-2790 [www.puebloparks.us](http://www.puebloparks.us)

We appreciate your interest in volunteering for our community. In order to insure that we select the most qualified volunteers for our programs AND to insure the safety of our children participating in these programs, we request that you complete all sections of this volunteer application.

Full Name (First, MI, Last):		Home Telephone Number:  Cellular Number:	Email address
Street Address:		City, State, Zip Code	
Social Security Number:	Birth Date (Mo/Day/Yr):	Have you ever been known by another name? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, indicate below:	
For volunteer coaching, please list sport and age group/grade applying for coaching status:			

### VOLUNTEER EXPERIENCE

List all experience working with youth including dates, age groups, sports coached or officiated and certification.

### BACKGROUND

Have you ever been charged with a crime that resulted in plea of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)?     YES     NO

If **YES**, please list each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition.

Have you ever been involved in an incident involving child abuse or child neglect?     YES     NO    If

**YES**, please explain below:

## Signature, Certification, Release of Information, and Release of Liability

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer coaching assignment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists and other authorized employees of the City of Pueblo.

I authorize the City of Pueblo to obtain CCIC/NCIC information regarding my background.

In the event that I am selected to become a volunteer for the City of Pueblo, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Pueblo in a voluntary capacity and that I will receive no compensation or benefits for services provided.

I understand that I am NOT insured by the City's Worker's Compensation Insurance. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I hereby release the City of Pueblo, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation as a volunteer with the City of Pueblo. I grant full permission to use any photographs, videotapes, recording or any other record of this program for any purpose.

<b>By signing below, I agree that I understand and consent to the above statement:</b>	
Volunteer signature: ▶	Date:
If volunteer is under 18, signature of parent or guardian: ▶	Date:
<b>FOR CITY USE ONLY</b>	
Reviewed by: _____	
Comments: _____	
Police background: <input type="checkbox"/>	Sex-Offender Registry: <input type="checkbox"/>
Fingerprint Check: <input type="checkbox"/>	



# City of Pueblo Park and Recreation Coaches Concussion Certification Information

## WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### **SIGNS OBSERVED BY PARENTS OR GUARDIANS**

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

### **SYMPTOMS REPORTED BY ATHLETE**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light • Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

**Every sport is different, but there are steps your children can take to protect themselves from concussion.**

- **Ensure that they follow their coach's rules for safety and the rules of the sport.**
- **Encourage them to always practice good sportsmanship.**
- **Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.**
- **Learn the signs and symptoms of a concussion.**

### Action Plan

## WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove athlete from play.** Look for signs and symptoms of a concussion if youth athlete has experienced a bump or blow to the head. Athletes who experience signs and symptoms of concussion should not be allowed to return to play.

***When in doubt, keep the athlete out of play.***

2. **Ensure athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the seriousness of the injury yourself. Health Care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Number of previous concussions (if any)

3. **Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

4. **Allow athlete to return to play only with permission from an appropriate health care professional.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the *rare second impact syndrome* by delaying that athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

## Concussion Test for Coaches

Mark each of the following statements as True (T) or False (F)

\_\_\_\_\_ A concussion is a brain injury.

\_\_\_\_\_ Concussions can occur in any organized or unorganized recreational sport or activity.

\_\_\_\_\_ You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.

\_\_\_\_\_ Following a coach's rules for safety and the rules of the sport, always practicing good sportsmanship, and using the proper sports equipment are all ways that athletes can prevent a concussion.

\_\_\_\_\_ Concussions can be caused by a fall, bump, or blow to the head or body.

\_\_\_\_\_ Concussion can happen even if the athlete hasn't been knocked out or lost consciousness.

\_\_\_\_\_ Nausea, headaches, sensitivity to light or noise, and difficulty concentrating are some of the symptoms of a concussion.

\_\_\_\_\_ Athletes who have a concussion should not return to play until they are symptom free and have received approval from a doctor or health care professional.

\_\_\_\_\_ A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems.

\_\_\_\_\_  
Coach Name

\_\_\_\_\_  
Date

\*Please turn in quiz volunteer youth coaching contract\*



## VOLUNTEER YOUTH COACHING CONTRACT

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Name of Coach (please print)

Sport

Age/Division

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Phone

Email

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Please specify if you want to be the Head Coach or Assistant Coach

I understand that my responsibilities as a volunteer youth coach are of great importance and that my actions have the potential to significantly influence the young athletes whom I coach. Therefore, I promise to uphold the following RIGHTS OF THE YOUNG ATHLETE to the best of my ability.

1. The right to participate in sports.
2. The right to participate at a level appropriate to each child's maturity and ability level.
3. The right to receive qualified adult leadership.
4. The right to play as a child and not as an adult.
5. The right to share in the leadership and decision-making of their sport.
6. The right to participate in a safe and healthy environment.
7. The right to proper preparation for participation in sports.
8. The right to an equal opportunity to strive for success.
9. The right to be treated with dignity.
10. THE RIGHT TO HAVE FUN IN SPORTS

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understand and will do my best to fulfill the promises made herein.

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Signature

Date