

TOWN OF KEARNY



RECREATION DEPARTMENT
404 KEARNY AVENUE
KEARNY, NJ 07032
(201) 955-7983
FAX (201) 955-2379

COMMISSIONERS

Louis Battista, Chairman
Lyla DeCastro Lawdanski, Vice-Chairwoman
Philip Caputo
Joanne Gouveia
Thomas Mernar
John Millar
Amelia Rendeiro

MAYOR

Alberto G. Santos

ADMINISTRATOR

Joseph D'Arco

To: All Coaches/Volunteers

Thank you for your interest in coaching/volunteering in the Kearny Recreation Programs. We are pleased that you have expressed a desire to participate in recreational activities with children of all ages within the Town of Kearny.

Enclosed is an application for consideration to be a coach/volunteer for the Kearny Recreation Department. Please complete this application, and the attached waiver form, and return to the Kearny Recreation Department, attention Ralph Cattafi.

After your application is received it will be reviewed for acceptance, and the Kearny Recreation Commission will conduct an extensive background investigation. Upon successful completion of the background investigation, you will be contacted regarding our decision.

Again, the Recreation Commission along with the children in the Town of Kearny thanks you for your interest in our coaching/volunteer program and your time and cooperation.

TOWN OF KEARNY



RECREATION DEPARTMENT
404 KEARNY AVENUE
KEARNY, NJ 07032
(201) 955-7983
FAX (201) 955-2379

COMMISSIONERS

Louis Battista, Chairman
Lyla DeCastro Lawdanski, Vice-Chairwoman
Philip Caputo
Joanne Gouveia
Thomas Mernar
John Millar
Amelia Rendeiro

MAYOR

Alberto G. Santos

ADMINISTRATOR

Joseph D'Arco

APPLICATION FOR COACHES/VOLUNTEERS KEARNY RECREATION PROGRAMS

APPLICATION NUMBER: _____

DATE OF APPLICATION: _____

COMMISSION APPROVAL: _____

DEPARTMENT APPROVAL: _____

Notice: Application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this, and number answers to correspond with questions.

COACH/VOLUNTEER REQUIREMENTS:

- All coaches must be certified through the Rutgers University ASAP Program (Rutgers Safety Clinic) before allowed to coach.
- All coaches/volunteers are subject to the rules and regulations set forth by the Kearny Recreation Commission and Department Code of Ethics (attached). Coaches/volunteers should be available to participate in recreational activities throughout the year.
- Background checks will be conducted on all applicants.

*****THE CHILDREN OF KEARNY THANK YOU FOR YOUR TIME AND COOPERATION*****

AVAILABILITY OF APPLICANT

10. Earliest date available for position? _____ / _____ / _____

11. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is, or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for the position of volunteer and/or coach in the Recreation Department, including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment education, subversive activities, family, association, criminal records, traffic violations, residence, or otherwise.
YES ___ NO ___ If "yes" give details.

EDUCATIONAL DATA

12. List schools attended. Included name of school, location, dates attended "from-to", course pursued, date graduated, degrees or diplomas.

COLLEGES:

OTHER: (Attach copies of certificates, diplomas, etc.)

13. Number of formal school years completed: _____

14. What college degree(s) or professional license(s) do you possess?

15. List your proficiency in any foreign language as "slight", "good", "fluent".

LANGUAGE SPEAK UNDERSTAND READ WRITE

EMPLOYMENT

16. List your last two places of employment:

Employer _____
Address _____
Phone _____

Employer _____
Address _____
Phone _____

REFERENCES

17. Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who has know you well for at least five (5) years, preferably those who have know you during the past five (5) years. If retired, give former occupation.

(1) Complete Names: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - _____

(2) Complete Names: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - _____

(3) Complete Names: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - _____

18. Were you ever summoned or subpoenaed to a court in a civil action or proceeding, in this State or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

YES _____ NO _____

Indicate every civil action or proceeding in which you were summoned or subpoenaed, or in which you were a party and also the contingent possibilities as described above.

COURT RECORD

19. Have you ever been arrested or charged with any criminal violation? YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

20. Have you ever been arrested, charged, or summoned with any offense including but not limited to Domestic Violence, disorderly persons offenses, motor vehicle violation (i.e., suspended driver's license, D.U.I.), Township Ordinance, as an adult or as a juvenile? YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

21. Have you ever had any legal action taken against you? YES _____ NO _____ If "yes", give pertinent data:

22. Have you ever been fingerprinted? (exclude this application process): YES _____ NO _____ If "yes", list when, where and purpose:

DRIVING RECORD

23. Current Driver's License Number: _____ State _____
Years of driving _____ Do you currently or have you held, a driver's license in any other state(s)? YES _____ NO _____ If "yes", list license number and issuing state(s):

24. List all motor vehicles registered to you or that you have access to:

YEAR / MAKE / REGISTRATION / INSURANCE POLICY NUMBER / OWNER & ADDRESS

25. Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in this State or any other State or Territory? If "yes", explain:

26. List all traffic violations in all States. Include date, place, charge, disposition and details.

REASON FOR APPLYING FOR COACHING/VOLUNTEERING

27. What, if any, has been your experience in Coaching/Volunteering?



TOWN OF KEARNY RECREATION DEPARTMENT

RELEASE AUTHORIZATION

To: All Courts, Probation Departments, Selective Service Boards, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to coach/volunteer within the Kearny Recreation Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Kearny Recreation Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature

Date

Sworn and subscribed to

Before me at _____

This date _____

Notary Public of New Jersey

Coaches Code of Ethics

1. We shall strive to maintain honesty, loyalty, righteousness, honor and respectability within our sports leagues and programs.
2. We shall obey all rules, by-laws and policies set by the Kearny Recreation Commission, Superintendent of Recreation, State and National organizations, which we are an association affiliate.
3. We shall strive to set the correct example and be an exemplary role model for the youth, as well as other adults.
4. We shall cooperate with the league officials, managers, other coaches, parents, spectators, in our effort to provide the players a fun-filled and rewarding recreational opportunity.
5. We shall set the standard for sportsmanship, integrity, fairness, and character and to treat our opponents with the same respect that we would like in return.
6. We shall keep athletics in the appropriate perspective of life, education, morals, religion and family.
7. We shall encourage fine morals, trust, confidence, and the desire to play fair and act in an appropriate sportsman like manner.
8. We shall strive to be the best coach possible and attend a youth sports coaches training clinic at least every three years.
9. We shall promote the D.A.R.E. program principles of a Drug and alcohol free society. **“Just Say No”**.
10. We shall be there for the youth, to help with the development of sports, life skills and safety concerns.