



## St. Johns County Board of County Commissioners

Parks & Recreation Department

### Recreation and Parks Department

Troy Blevins, Director

#### Child Safety Policy for Youth Sports Participants

Written and compiled by:

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William C. Smith, Assistant Director

June 5, 2005

Revised February, 2010

**Note:** A completed application (pages marked 1, 2, and 3) along with a copy of your Driver's License can be personally delivered or mailed to:  
The Players Community Senior Center c/o Recreation Dept.  
175 Landrum Lane | Ponte Vedra Beach | FL | 32082

The application can be also be faxed to 904-209-0347.

A small electronic photograph is needed for the Volunteer Badge and can be emailed to [dgorski@sjcfl.us](mailto:dgorski@sjcfl.us).

**CHILD SAFETY POLICY  
(For Youth Sports Participants)**

The St. Johns County Recreation and Parks Department and the St. Johns County Youth Sports Associations recognize the value and importance of adult participants, regardless of age, in youth sports. We also recognize the importance of providing a safe, secure and positive environment for each youth participant.

**Public Safety Concern**

The St. Johns County Recreation and Parks Department and all St. Johns County Youth Sports Associations will conduct *mandatory* criminal background checks on those citizens wishing to participate in youth sports programs and require those adult participants, as described in the criteria below, to complete *mandatory* coaching certification classes. Criminal background checks and coaching certification are required for the following reasons:

1. To keep the safety of the children the top priority.
2. To make an unwelcome environment for anyone who does not put the needs of the children first.
3. To keep adults from participating in youth sports programs who have a history of inappropriate behavior or who are unfit to work with children.
4. To select the "best" adult participants to coach and serve in other capacities in youth sports organizations.

Background checks will be used to determine whether a potential youth sports adult participant has a criminal history that could possibly jeopardize the safety and welfare of any child participating in any league or team within St. Johns County. Background checks and coaching certifications assist in improving the quality of adult participants serving the youth sports programs within the County.

**Description**

Background checks will be conducted on all prospective adult participants having direct contact with youth participants registered with any St. Johns County Youth Sports Association league (as defined by the St. Johns County Recreation and Parks Department); or, having direct contact with youth participants of any organized youth team that plays at a St. Johns County facility. The St. Johns County Recreation and Parks Department shall provide to adult participants coaching certification classes. Such certification shall be through a nationally recognized certification process approved by the St. Johns County Recreation and Parks Department.

## Criteria

For the purposes of this policy, an "adult participant" shall be defined as any individual, regardless of age, who acts in a supervisory capacity with any youth participant. Adult participants include, but are not limited to managers, coaches, assistant coaches, program administrators, board administrators, umpires (both paid and volunteers) and others who have direct contact with children.

Background checks, facilitated by the St. Johns County Recreation and Parks Department or each youth sports association, will be conducted annually for managers, coaches, assistant coaches, program administrators, board administrators, umpires (both paid and volunteers) and other adult participants who have direct contact with children.

Prospective adult participants are required to complete the Youth Sports Adult Participant form; it will be turned into the St. Johns County Recreation and Parks Department (for County organized programs), or the appropriate youth sports association (for youth sports association programs). The information provided shall be used to assist in completing a national background check.

Information provided as a result of the national background check shall be used in determining whether one may serve as an adult participant. A prospective adult participant who has a reported criminal offense may be disqualified from participating in any St. Johns County Youth Sports organization. Criminal offenses, including, but not limited to the following may be grounds to disqualify a prospective adult participant:

- Arson
- Aggravated kidnapping
- Aggravated robbery
- Aggravated sexual assault
- Assault
- Bigamy
- Crimes against children (including abandonment, abuse, endangerment, indecency, sexual assault, pornography, possession or promotion of pornography, enticement, solicitation)
- Criminal non-support
- Criminally negligent homicide
- Deadly conduct
- Delivery of marijuana
- Domestic violence
- Drug possession
- DWI/DUI
- Injury to elderly or disabled
- Kidnapping
- Manslaughter (voluntary or involuntary) or intoxication manslaughter
- Manufacture of or delivery of a controlled substance or dangerous drug

- Marijuana possession
- Murder
- Obscenity
- Prohibited sexual conduct
- Public lewdness
- Prostitution
- Sexual abuse
- Theft

The list of offenses provided above is not intended to be all-inclusive of disqualifying criminal offenses and does not set limits on the offenses that could disqualify any prospective adult participant from affiliation with youth sports organizations in St. Johns County.

Any individual initially deemed eligible to serve as an adult participant and later charged with or convicted of a criminal offense is required to immediately notify the St. Johns County Recreation and Parks Department or his/her organization. The adult participant will be immediately removed from his/her position until further notice by the St. Johns County Recreation and Parks Department. Failure by the adult participant to provide notice of any arrests and/or criminal convictions shall be grounds for removal and a determination that the individual is ineligible to serve as an adult participant. If an individual is deemed ineligible to serve as an adult participant, he/she shall not participate with any St. Johns County youth sports organization or any youth sports organization that uses a St. Johns County facility.

When required, the Director of the St. County Parks and Recreation Department ("Director") shall make a final determination regarding the eligibility of an individual to serve as an adult participant. In the event the Director has a conflict of interest in making such determinations, the County Administrator, or designee, shall make a final determination regarding the eligibility of an individual to serve as an adult participant.

For coaching certifications, all *managers, head coaches, assistant coaches or other assistants and volunteer/paid umpires/referees who have direct contact with children* shall be required to possess valid coaching certification as a condition of participating. This condition applies to any St. Johns County Youth Sports Association which uses County property. A copy of such certification shall be provided upon the request of the St. Johns County Recreation and Parks Department.

Each participating youth sports association is responsible for complying with this Child Safety Policy in its entirety.



YOUTH SPORTS ADULT PARTICIPATION APPLICATION

I wish to assist/participate in the below named sport and organization. I understand any false information, omission of information, or misrepresentation of facts on this application is punishable by Section 837.06 F.S. as a misdemeanor of the second degree and will result in the denial of my privilege to participate in any youth sports organization in St. Johns County

My Athletic Association is: \_\_\_\_\_ My sport is: \_\_\_\_\_

I am volunteering as a coach, assistant coach, team mom (Please circle one.) or \_\_\_\_\_

Last Name First Name Middle Name or Initial

Home Telephone Work Number Cell Number

Street Number Street Address City State ZIP CODE

Drivers License Number State Issued Renewal Date

\*Please attach a clear and legible photocopy of the applicant's driver's license to this application.

Email Address : \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month, date, year) Place of Birth: \_\_\_\_\_

Sex (Circle one.) Male Female

If you have children participating in the program please list their names:

How long have you been a Florida Resident: Year(s): \_\_\_\_\_ Month(s): \_\_\_\_\_

If you have lived at your present address for less than 5 years please provide prior address(es) for the last 5 years:

Street Number Street Address City State ZIP CODE (List additional address(es) on the back if necessary.)

Please describe previous adult participation experience in your sports:



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, authorize the release to St. Johns County Recreation and Parks Department/ (Name of Youth Association)

\_\_\_\_\_ any record or information concerning my driving record and any crime committed or alleged to have been committed by me. This includes, but is not limited to, arrest records and conviction data, and shall be deemed to include any updates, supplements, or revisions to such records that may be obtained during my continued participation with said program. I hereby release any governmental, police, or other agency as custodian of such records, including all officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any type which may at any time result to me, my heirs, family, or associates, because of compliance with authorization. I also understand that all information about myself pertaining to this application may be considered public record.

If a record of criminal convictions or other disqualifying information is found, the adult participant will be given a copy of the criminal history report and asked if it is accurate prior to any final decision. If the adult participant disagrees with the accuracy of the report, it will be up to him/her to provide any or all documentation to support his/her claim. Child safety being paramount, any uncertainty will be handled in favor of promoting child safety.

**PLEASE INITIAL** \_\_\_\_\_

I hereby waive any rights to assert that such investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interests of all persons involved in youth sports activities, and I fully consent to such investigations. I, the undersigned, for myself, my heirs, executors, administrators, and representatives, do hereby remise, release and forever discharge and agree to indemnify and hold harmless any involved background check vendor and/or licensed private investigator, St. Johns County, its directors, officers, employees, volunteers, agents and representatives, its affiliates and sponsors, and their directors, officers, employees, volunteers, agents and representatives, as well as third parties, if any, that St. Johns County or its affiliates contact, directly or indirectly, regarding my application to, or future services with, St. Johns County, from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an adult participant.

I understand and agree that St. Johns County/Youth Sports Association may, at each their sole discretion, decline to accept my application for, or participation in, volunteer staff services with or without cause.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CERTIFICATION/CONSENT FOR CRIMINAL BACKGROUND CHECK/AUTHORIZATION/WAIVER/RELEASE/INDEMNITY, AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY. I UNDERSTAND THAT THE ABOVE CERTIFICATION/CONSENT FOR CRIMINAL BACKGROUND CHECK/AUTHORIZATION/WAIVER SHALL CONTINUE EACH YEAR I PARTICIPATE IN SAID YOUTH SPORTS PROGRAM AND SUCH WAIVER/RELEASE/INDEMNITY SHALL CONTINUE WITHOUT LIMITATION.**

If necessary, would you agree to be finger printed?      Yes      No      (Circle one)

Applicants' signature: \_\_\_\_\_

Date \_\_\_\_\_



Date application received: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_



## SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statute 119.07(5), this document serves to notify you of the purpose for the collection and usage of your Social Security number.

The St. Johns County Recreation and Parks Department (“the Department”) collects and uses your Social Security number only for the following purposes in performance of the Department’s duties and responsibilities:

- Identification and Verification (See Florida Statute 119.071(5)(a)(2)(a)(II))
- Background Investigations (See Florida Statute 119.071(5)(a)(2)(a)(II))

My signature represents that I have read and understand the content of this document.

\_\_\_\_\_  
Signature

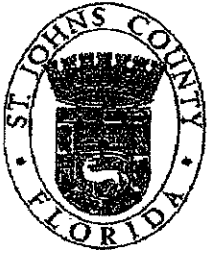
\_\_\_\_\_  
Clearly Print Name

\_\_\_\_\_  
Date

Social Security Number: \_\_\_\_\_

Youth Association: \_\_\_\_\_

Sport: \_\_\_\_\_



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