

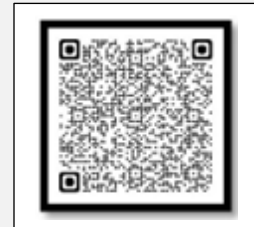


VOLUNTEER\CONTRACTOR CRIMINAL BACKGROUND SCREENING PROGRAM INFORMATION

Thank you for your interest in volunteering or contracting with the City of Panama City Beach Parks and Recreation Department. As a prerequisite for any personal involvement with children, all adults who have care, custody, or control of youth participants in any program or activity are required to successfully complete a criminal history records check. The purpose of the City's Background Check Program is to ensure that every individual who interacts with children and vulnerable adults undergoes a criminal history records check.

SCREENING PROCESS

1. Obtain Application and/or Consent for Background Screening Form from Parks and Recreation Office or via email.
2. Complete Application and/or Consent for Background Screening and return to Parks and Recreation Staff.
3. Go to City of PCB P&R's quick app website using QR Code → → or link below:



<https://panamacitybeachparksandrec.quickapp.pro/>

4. Select **"Apply"** for area you are applying (Youth Sports Coach, Official, Volunteer, Contractor).
5. Once on the Welcome page, select **"Next"** to begin the background check process.
6. Enter information as requested on the Applicant Information Page and Select **"Next"**.
7. Sign consents to allow our provider to run the background check.
8. Once submitted, it will take 3-5 days for your background check to be completed.
9. You will be contacted by either Parks and Recreation Staff or our provider on the status of your background check.

SCREENING GUIDELINES

The City of Panama City Beach Parks and Recreation Department uses the State of Florida's Statute as guidelines in screening its volunteers and contractors. No volunteer or contractor will be accepted who has ever been convicted or pled Guilty or No Contest to any of the below.

Crimes involving:

1. Anything involving a child
2. Cruelty to animals
3. Domestic violence
4. A weapon or firearm violation
5. Any sex offense
6. Arson
7. Burglary
8. Mayhem
9. Maiming
10. Robbery
11. Carjacking
12. Home invasion
13. Abduction or kidnapping
14. Abuse of a child or an adult
15. Confinement of an unattended child
16. Manufacturing, distributing, or dispensing a controlled substance
17. Perjury
18. Pornography and obscene matter
19. Possession or Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance.
20. Reckless endangerment
21. Murder/Manslaughter
22. Assault; or
23. Attempt to commit any of these crimes

OPEN CHARGES

An individual with open charges, either felony or misdemeanor for any of the above offenses, shall be prohibited from participation in any capacity while charges are open. It is the responsibility of the individual to notify the Department of Parks and Recreation as to the judgment of the court.

SEX OFFENDER REGISTRY

Any individual who is required to register and/or is listed on the National or State of Florida Department of Law Enforcement Sex Offender Registry is permanently prohibited from participation in any capacity.

SOURCE OF INFORMATION FOR CRIMINAL HISTORY RECORDS CHECK

The Department of Parks and Recreation utilizes a national vendor for performing Background Checks. The following are sources used in determining eligibility.

- Florida Statewide Criminal Search – A review of all criminal convictions contained in the Judicial Information System database.
- Social Security Number Trace and Address Locator Database
- US Federal District Court Criminal Records
- Local jurisdictions, and/or other applicable government agencies.

TIME FRAME FOR CRIMINAL HISTORY RECORDS CHECK

All individuals are required to have a background check performed on a semi-annual basis. Those seeking to serve multiple sports or seasons, must complete a new background check after a 6-month period. All reported arrest and conviction information that is legally reportable under federal and state criminal history reporting laws and is accessible to the Department of Parks and Recreation will be reviewed.

CONSENT TO PERFORM BACKGROUND CHECK

To initiate a criminal history records check, the individual must complete and sign a volunteer or contractor application and Consent for Background Check form. Once submitted, applicant should use background check link or QR code to begin background check process. After information is received, a decision will be made within 3-5 business days of submission.

RESULTS COMMUNICATION

Requests and subsequent reports are transmitted over a secure website with restricted rights of access. If a criminal history records check discloses a criminal conviction that would prohibit an individual from volunteering, the Department's Background Coordinator or Background Check Provider will contact the individual.

UNDER NO CIRCUMSTANCES, is an individual authorized to volunteer or participate in any youth program or activity in any capacity prior to the completion of his or her criminal history records check and subsequent notification of a clean report.

CONFIDENTIALITY

Information received during the criminal history records check process will be shared on a "need to know" basis only.

APPEAL TO DISQUALIFICATION

If an individual has been disqualified because of a previous criminal charge or conviction, or a perceived error in reporting, applicants may apply for an appeal or exemption. Exemptions are not guaranteed. To apply for an appeal or exemption, contact support@ncsisafe.com.



Under 18 Application
City of Panama City Beach
Parks & Recreation Department

PCB Parks & Recreation Approval/Denial

16200 Panama City Beach Pkwy, Panama City Beach, FL 32413 ● Office Ph. (850)233-5045 ● www.panamacitybeachparksandrecreation.com

Personal Information

Name: _____ / _____ / _____ D.O.B. _____ / _____ / _____
 Last First M.I. Day Mo. Yr.
 Address: _____ / _____ / _____
 Street and Number City State Zip
 Primary Phone No. _____ Secondary Phone No. _____ Email _____
 Driver's License / I.D. Number (If Applicable) _____ State _____
 Primary Guardian _____ / _____
 Last First Phone
 Emergency Contact _____ / _____
 Last First Phone

Applicant Duties

Please choose the position and sport / Activity you are applying for.

<u>Position</u>	<u>Sport</u>
Official _____	Spring Soccer _____
Scorekeeper _____	Fall Soccer _____
League Coordinator _____	T-ball/Lil Sluggers _____
Coach _____	Baseball / Softball _____
Event Volunteer _____	Basketball _____
Summer Camps _____	Flag Football _____
Aquatics _____	Miracle League _____

Have you ever worked for the Panama City Beach Parks & Recreation Department in the past?

YES _____ NO _____

If YES, Parks & Recreation Supervisor Name _____ Approximate Date / Yr. _____

Volunteering

If volunteering for Community hours what is the reason for the hours?

How many hours are you looking to accrue in the position you are applying for? _____

PCB Parks & Recreation Consent Waiver

PARTICIPATION PERMISSION: I attest that the information provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this application and that my child's right as an independent contractor, instructor, coach or volunteer for the Parks and Recreation Department can be revoked without notice or explanation.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I also give the City of Panama City Beach permission to take pictures during all activities for publicity purposes. I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance. Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X _____

Applicant Signature

_____ Date

PCB Parks & Recreation Staff ONLY Below this Point. THANK YOU!

Assigned Position _____

Assigned Supervisor or Coordinator _____

Remarks:

Approved: _____ Denied: _____ Initial: _____



Parks & Recreation

Panama City Beach



Panama City Beach Parks & Recreation Volunteer Youth Coach Application



16200 Panama City Beach Pkwy, Panama City Beach, FL ● Office Ph. (850) 233-5045 ● www.panamacitybeachparksandrecreation.com

Volunteer Coach Information

Approval / Denial Office Use Only

Name: _____ M _____ F _____ / _____
 Last First Middle Age D.O.B.

Address: Street and Number _____ Primary Phone# _____ Alt. Phone# _____

City _____ State _____ Zip _____ Email _____

Child's Name 1 _____ Child's Name 2 _____ Team Names / Divisions (If Applicable) _____

Sports / Activity Information

Choose current sport/activity and division that you would like to volunteer to coach:

Head Coach Assistant Coach

Have you ever coached for the City of Panama City Beach Parks & Recreation Department in the past? YES ___ NO ___

(If Yes) Which sport/activity did you most recently coach? _____

Flag Football

Division 2 Ages 6-8 ___
Division 3 Ages 9-11 ___
Division 4 Ages 12-15 ___

Soccer

Lil Kickers Ages 3-4 ___
Division 1 Ages 5-6 ___
Division 2 Ages 7-8 ___
Division 3 Ages 9-11 ___
Division 4 Ages 12-14 ___

Girls Softball

Division 3 Ages 8-10 ___
Division 4 Ages 11-13 ___

Basketball

Division 1 Ages 5-6 ___
Division 2 Ages 7-8 ___
Division 3 Ages 9-11 ___
Division 4 Ages 12-14 ___

Baseball

Lil Sluggers Ages 3-4 ___
T-Ball Division 1 Ages 5-6 ___
Division 2 Ages 7-8 ___
Division 3 Ages 9-10 ___
Division 4 Ages 11-12 ___
Division 5 Ages 13-15 ___

Miracle League

Fall ___
Spring ___

Coaching Guidelines

As a reminder, it is **MANDATORY** for all coaches to complete a Coach Application, Coaching Agreement, and a Background Check before every season and for every sport/activity. Completion of the Background and Coach Application does not automatically qualify you as a Volunteer Coach for the Panama City Beach Parks & Recreation Department. Upon eligibility, you will be notified by the League Coordinator.

Head Coaches are not obligated to have Assistant Coaches. If a Head Coach would like a particular Assistant Coach, the Head Coach must draft that Assistant Coach's child in the league draft. No Head Coach is guaranteed to be paired with any particular Assistant Coach until that person is deemed eligible by the PCB Parks & Recreation Dept. The number of coaches per team are as follows: *Coach Initial* _____

Baseball Lil Sluggers: 1 Hd. 3 Asst.— Division 1 T-Ball & Division 2: 1 Hd. 3 Asst. - Baseball & Softball Division 3&4: 1 Hd. 2 Asst.

Basketball: 1 Hd. 1 Asst. Soccer: 1 Hd. 1 Asst. Lil Kickers: 1 Hd. 1 Asst. Miracle League: 1 Hd. 1 Asst.

Shirt Size & Guidelines

Head Coaches and Assistant Coaches are expected to wear their Parks & Recreation issued uniform shirt during every game. No coaches should be on the field without a Parks & Recreation issued uniform shirt. **NO EXCEPTIONS!** The Parks & Recreation Department will supply coach uniform shirts. Please select your uniform shirt size:

Adult Small ___ Adult Medium ___ Adult Large ___ Adult XL ___ Adult 2XL ___ Adult 3XL ___ Adult 4XL ___

Please complete the Coach Application on the reverse side of this page. Thank You!

Volunteer Coaching Agreement

As a Volunteer Head Coach or Assistant Coach for the City of Panama City Beach Parks & Recreation Department, I agree to the following (please initial next to each number after reading):

- _____ 1. Respect game officials, follow park rules, and abide by the sanctioned rules for the youth sports leagues/activities which you are coaching.
- _____ 2. No alcohol, no smoking, and no e-cigarettes or vapes. Use of these products within the Frank Brown Park Sports Complex is prohibited.
- _____ 3. Keep all recreational facilities (incl. dugouts, batting cages, fields, gym, basketball and tennis courts) clean. All trash must be properly removed and disposed of at the end of each game or designated practice.
- _____ 4. No pets are allowed in the Sports Complex at any time for the health and safety of our league participants and spectators.
- _____ 5. Always maintain a safe environment for the players and report any accidents or incidents immediately to the staff on duty or within 24 hours by calling the Parks & Recreation Office at (850) 233-5045.
- _____ 6. All Head Coaches are expected to attend the league evaluations and the draft for the division that they would like to coach. No Assistant Coaches, parents, children, or players allowed into the draft at any time. **NO EXCEPTIONS!**
- _____ 7. All Head Coaches must complete a Head Coach Application and Background Check. Coaches will not be allowed in the league draft or on the field for any reason until the Background Check and Coach Application have been approved by the Panama City Beach Police Department and the Parks & Recreation Department. Once approved, a coach badge for that sport/activity will be issued by the Parks & Recreation Department. Any time a coach is discovered on a field /court without an approved coach badge, he/she will be asked to leave and not to return to the field/court without a coach badge. Failure to abide by these rules will result in indefinite revocation of your coaching status. **NO EXCEPTIONS!**
- _____ 8. All Head Coaches and Assistant Coaches are required to wear a Parks & Recreation Coach badge during all practices and games. If you are not wearing your badge, you agree not to be on the field/court at anytime before or during practices or games. All badges must be visible at all times while coaching. This is for the safety of your children and the players. **NO EXCEPTIONS.**
- _____ 9. Anyone wearing an unassigned coach badge will be escorted off the field and will not be allowed back on to the field for the remainder of the season or indefinitely based upon the discretion of the Parks & Recreation Director. **NO EXCEPTIONS!**
- _____ 10. At anytime you witness a coach/parent on the field without a badge, please make a report to the Parks & Recreation staff immediately or call (850) 233-5045 to make a report within 24 hours. This is for the safety of your children and the players. **Thank You!**
- _____ 11. Coaches are not allowed to provide transportation for participants other than their own children in any league for any reason. **NO EXCEPTIONS!**
- _____ 12. Coaches are not allowed to conduct any extra practices or games without approval from the League Coordinator.
- _____ 13. Coaches agree to abide by any and all schedules set forth by the Parks & Recreation Department.
- _____ 14. Coaches agree and understand that once the league schedules are posted, there will be no changes with the exception of changes due to inclement weather. **NO EXCEPTIONS!**

I understand that if I do not follow the above guidelines and league rules set forth by the City of Panama City Beach Parks & Recreation Department, my status as a Volunteer Coach will be revoked. I also will report any infraction of the rules, accidents, or incidents to the PCB Parks & Recreation Staff on duty or I will notify the Parks & Recreation Office within 24 hours.

X _____
Volunteer Coach Signature

Date



Consent for Background Check
City of Panama City Beach
Parks & Recreation Department

PCB Parks & Recreation Approval/Denial

16200 Panama City Beach Pkwy, Panama City Beach, FL 32413 ● Office Ph. (850)233-5045 ● www.panamacitybeachparksandrecreation.com

Personal Information

Last Name	First Name	M.I.	D.O.B. _____	M	F
Street and Number _____ / _____		City _____	State _____	Zip _____	
Primary Ph. # _____	Alternate Ph. # _____		Email _____		
Please provide previous address if you have moved in the past 3 years.					
Street and Number _____ / _____		City _____	State _____	Zip _____	
Are you or your spouse an active member of the military? Yes ____ No ____ If yes what was the last state you lived in? _____					

Reason for Background Check

Applicants will not be allowed to participate in any of the following sports or activities until the background check application has been fully completed by the applicant and approved by the Panama City Beach Background Check Coordinator. Please make note that approval and completion of the background check application does not automatically deem you eligible for one of the following activities or sports. Upon eligibility you will be contacted by the Parks and Recreation staff. _____ Initial

Independent Contractors

Independent Contractors: Please check one of the following and list the name of your program in the space provided.

Aquatics Program _____ Summer Camp: _____ Vendor/Business: _____ FBP / Lyndell Program _____	<u>Other</u> _____ _____ _____
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Volunteer Coaches, Officials, Scorekeepers, League Coordinators

<u>Position</u>		<u>Sport</u>	
<small>(Current Sports Season)</small>		<small>(Current Sports Season)</small>	
Head Coach <input type="checkbox"/>	Official <input type="checkbox"/>	Adult Softball <input type="checkbox"/>	Spring Soccer <input type="checkbox"/>
Asst. Coach <input type="checkbox"/>	Scorekeeper <input type="checkbox"/>	Girls Softball <input type="checkbox"/>	Fall Soccer <input type="checkbox"/>
Volunteer /Other <input type="checkbox"/>	Volunteer /Other <input type="checkbox"/>	Baseball <input type="checkbox"/>	Basketball <input type="checkbox"/>
			Miracle League <input type="checkbox"/>
			Flag Football <input type="checkbox"/>

Background Check Information I

All instructors, independent contractors, coaches, vendors, volunteers and anyone wishing to be a part of our programs or activities offered by the City of Panama City Beach Parks and Recreation Department are subject to a criminal background check.

Have you ever had a background check by the City of Panama City Beach Parks & Recreation Department?

Yes ____ No ____ Yes - Date (Mo. / Yr.) _____

Note: Completion and Approval of this background check does not determine your eligibility. Your eligibility is determined by the Panama City Beach Parks and Recreation Department. Please allow 5 to 7 business days for approvals. _____

See Back for Page 2 of Parks & Recreation Background Check Form.

Panama City Beach Parks & Recreation Waiver

PARTICIPATION PERMISSION: As an adult 18 and older, by signing below I attest that the information I have provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this background check and that my right as an independent contractor, instructor, coach or volunteer for the Parks and Recreation Department can be revoked without notice or explanation.

I, as an adult 18 and older authorize the City of Panama City Beach Police Department to run a criminal background check. I understand that I am representing the City of Panama City Beach and will adhere to the guidelines set forth by the program.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I also give the City of Panama City Beach permission to take pictures during all activities for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X _____
 Independent Contractor, Instructor, Coach, or Volunteer Date _____

Parks and Recreation Staff Only beyond this point.

Coach Application Complete ? Y___ N___
 Background Check Form Completed & Signed? Y___ N___
 Copy of Driver's License? Y___ N___
 Athletic Coach Photo? Y___ N___

Incomplete paperwork will not be accepted. Please verify all forms are completely filled out and properly initialed /signed by the applicant.

Notes:

Independent Contractors ONLY

Independent Contractor Contract Completed ? Y___ N___
 Independent Contractor **VERIFIED** W-9 ? Y___ N___

Staff Initial : Date :

PCBPR Director or
 Res. Supervisor
Only beyond this point:

_____/_____/_____
 NSO FDLE CC

Approved _____

Denied _____

Initial : Date :