



# 2023 Little Lacey Summer T-ball Coaching Application



**We need your help! Coaches provide instruction, supervision, and feedback to players & parents at practices and games. Teams consist of girls and boys 3 – 8 yrs. old. Coaches must possess:**

- \* Desire to provide a positive learning situation for kids;
- \* Ability to organize instruction and availability to attend games and practices;
- \* Ability to read and follow league rules and model good sportsmanship in all situations;
- \* Ability to use good communication skills with players, parents, and league coordinators.



**Please complete this application & return to:** Doug Briggs Jr. at [Dbriggs@ci.lacey.wa.us](mailto:Dbriggs@ci.lacey.wa.us)  
**Complete Background form and return to:** Alyssa Dolan-Caret at [Adolan@ci.lacey.wa.us](mailto:Adolan@ci.lacey.wa.us)

**Forms Due May 12<sup>th</sup>**

Print Your Name \_\_\_\_\_ Adult T-shirt size \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived in Washington State? \_\_\_\_\_

If less than five years, in what city and state was your prior residence? \_\_\_\_\_ Years? \_\_\_\_\_

If you are applying to coach your child's team, please print your child's full name here: \_\_\_\_\_

### Willing to coach which division?



- \_\_\_ Division 1 Pre-Tee (3 – 4 yrs.) Mon. & Wed. 5:30p-6:30p June 12 – Aug 9
- \_\_\_ Division 2 Kinder Tee (4 – 5 yrs.) Tue. & Thu. 5:30p-6:30p June 13 – Aug 10
- \_\_\_ Division 3 Mod Pitch (5 – 6 yrs.) Mon. & Wed. 6:30p-7:30p June 12 – Aug 9
- \_\_\_ Division 4 Coach Pitch (6 – 8 yrs.) Tue. & Thu. 6:30p-7:30p June 13 – Aug 10

**\*NO PRACTICES WEEK OF 4<sup>TH</sup> OF JULY. GAMES BEGIN JULY 10.**

**Divisions are based on child's age as of June 20, 2023**

Coaches manual, division guidelines, and league rules will be posted on our website.

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### Coaching Application: References

Please list two personal references (not family/relatives):

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Coaches are required to successfully complete a background check and screening (each year).

**Each Coach must attend one coach clinic to discuss league rules and guidelines this will also be your gear distribution day.**

**Please check which clinic you will attend:**

Check one

\_\_\_\_\_ Wednesday, June 7, 5:30pm – 6:30pm at Rainier Vista Community Park

\_\_\_\_\_ Thursday, June 8, 5:30pm – 6:30pm at Rainier Vista Community Park

\_\_\_\_\_ I can't attend any of the dates listed above.

**Please complete this application with both pages of background check form & return to:**

Lacey Parks & Recreation, 420 College St SE. Lacey, WA 98503

Contact: Doug Briggs Jr. [dbriggs@ci.lacey.wa.us](mailto:dbriggs@ci.lacey.wa.us) (360) 491-0857

**City of Lacey**  
Authorization Release Form & Applicant Employee Notice Disclosure  
**Investigative Only**

I hereby authorize Sound Screening Services, Inc. to obtain any investigative consumer reports pertaining to me in connection with my application for employment and/or at any time during my employment with the City of Lacey if I am hired or if I am a current employee, for employment purposes including, but not limited to, reassignment, promotion, retention, and rehiring.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Sound Screening Services, Inc. and the City of Lacey or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that this authorization is not an offer for employment by the City of Lacey and that any false or misleading information I have provided to Sound Screening Services, Inc. may result in a refusal to hire, promote, reassign, or continue employment.

I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform a representative from the City of Lacey in writing, that I wish to revoke this authorization.

The Fair Credit Reporting Act (FCRA) and Washington Fair Credit Reporting Act (WFCRA) both define these terms, which applies to you, a “consumer” with rights under the FCRA and the WFCRA. An “investigative consumer report” may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether an investigative consumer report has been conducted about you, disclosure of the nature and scope of any such report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and education history.

If the City of Lacey considers any information in the investigative consumer report when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You may also contact the Federal Trade Commission directly about your rights under the FCRA at the Federal Trade Commission Consumer Response Center which is located at 400 7th ST. SW, Washington, DC 20024; (202) 326-2222. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s website (<http://www.ftc.gov>). Complaints can be made by calling 1-877-FTC-HELP (1-877-382-4357) or at [www.ftc.gov/complaint](http://www.ftc.gov/complaint).

**WASHINGTON STATE:** If the City of Lacey requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the City of Lacey, a complete and accurate disclosure of the nature and scope of the investigation requested by the City of Lacey. You are entitled to this disclosure within 5 days after the date your request is received or the City of Lacey ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, as set forth in RCW 19.182.

**City of Lacey**  
Authorization Release Form & Applicant Employee Notice Disclosure  
**Investigative Only**

Investigative Consumer Report(s) will be obtained from:

**Sound Screening Services, Inc.**  
**P.O. Box 111088**  
**Tacoma, WA 98411-1088**  
(253) 472-7336 or (800) 300-0138

**Your signature below acknowledges that you have read and understand the above disclosure.**

\_\_\_\_\_   
Print Applicant Name

\_\_\_\_\_   
Applicant Signature

\_\_\_\_\_   
Date

**Applicant Identification:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

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

Phone #: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

**Applicant History:**

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Living at Current Address Since: Provide Month and Year: \_\_\_\_\_ / \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address From: Provide Month and Year: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

**Applicant Public Record Conviction Information:**

Provide Information of Criminal Convictions Occurring Within Your Lifetime:

Date of Conviction Month and Year: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

County of Conviction: \_\_\_\_\_ State: \_\_\_\_\_

Explain:

\_\_\_\_\_ Date of

Conviction Month and Year: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

County of Conviction: \_\_\_\_\_ State: \_\_\_\_\_

Explain: