

**TOWNSHIP OF LIVINGSTON**

**SENIOR, YOUTH AND LEISURE SERVICES**

**204 HILLSIDE AVE LIVINGSTON, NJ 07039**

**OFFICE: 973-535-7925 / FAX 973-535-2949**

**MEMO:**

**TO: All Prospective in-Town and Travel Basketball Coaches**

**FROM: Ronald Barbella Athletics & Aquatics Supervisor**

**SUBJECT: Coaching Availability**

**DATE: August 13, 2018**

Registration is now open for the In-Town and Travel basketball teams. Tryouts for Travel Teams will begin the week of October 8<sup>th</sup> , and the In-Town program will begin Friday, December 1, 2018. If you are interested in being a volunteer coach for either program, please complete the form below and return it to the Office Of Senior, Youth and Leisure Services as soon as possible. **Please complete the attached Coaching form and Background Check Form and submit as soon as possible to help in the planning stages for both travel and in town programs.**

The Township of Livingston has instituted a background check procedure for all staff and volunteers working with children and youth. Using an outside agency, Sterling Information Systems, the search will be for Sexual Predator History only. This procedure is becoming more widely utilized in communities across the country and is a step toward ensuring the safety of all of our children. Although we expect no problems within our community, the safety of our children is paramount and we appreciate your cooperation. If you are volunteering to coach, please complete the enclosed form in its entirety- making sure the social security number and date of birth are accurate and legible. Return it with your Volunteer coaching form. All forms and search results will be kept strictly confidential. You will only be contacted should a problem arise within your search.

In –Town volunteer coaches will be contacted directly by the Grade Coordinators by the end of November.

**Travel volunteer coaches are not selected until after the team selections have been made.**

Travel team selections are made by professional evaluators following the try-outs in October.

This year- ALL coaches and officials using school and township facilities will need to have training in Concussion Awareness. There has been growing concern on the long term impact of concussions at all levels in sports. The course may be taken in more than one sitting if desired. The purpose of this course is to make everyone aware of the signs and symptoms of concussions and what to do when there is a possible concussion. Directions to Register and Download the course are attached to this memo. Once you have completed the course you will need to download the certificate of completion and send it to my office. **“Concussion in sports-what you need to know”**

This year all coaches will be mandated to take the Rutgers Safety Course. This course is 3.5 hours and the cost is \$40.00 this is a 1 time fee and the certification is good for as long as you coach and for any sport. You will register through Livingston Community Pass. The course will be held September 25, 2018 6-10pm in the community center 204 Hillside ave room T3.

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**BASKETBALL COACH VOLUNTEER FORM 2018-2019**

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_

Certified Rutgers S.A.F.E.T.Y. Coach ? Yes \_\_\_\_\_ No \_\_\_\_\_

Concussion in Sports-What You Need To Know course completion date: \_\_\_\_\_

(Be sure to attach your certificate of completion)

**Please check below the areas you would like to coordinate, coach or assist:**

In Town	Travel	<b><u>NOTICE:</u></b>
Grade Coordinator: _____		Travel coaches are selected After teams are selected
Boys coach: _____	_____	
Girls coach: _____	_____	
Grade(s) _____	_____	
( K- 12 <sup>th</sup> grade)	(5 <sup>th</sup> -8 <sup>th</sup> grade)	

## **2018-19 Concussion Awareness Course**

All Livingston Sr., Youth and Leisure Services volunteer coaches and officials will be required to complete the National Federation of State High School Associations (NFHS) "Concussion in Sports – What You Need To Know" course in order to be able to participate in any Township program. This will take about thirty minutes to register and complete the online course. As you may have seen or heard in recent years, there is a growing concern on not only the immediate impact of concussions, but for the long term affects as well. Concussions are occurring at all levels of sports – from pre-school, recreation, high school, college and professional sports – no one is immune. The purpose of this course is to make everyone aware of the signs and symptoms of concussions and what to do when there is a possible concussion.

The course is available online and there is no cost – **it is FREE**. It takes about thirty (30) minutes to register and complete and it can be done in more than one sitting if desired. As a coach and or parent it is most important you have a greater awareness on what to look for and what to do in the event any child or adult receives a possible concussion or injury. This course will increase awareness of this important issue.

### **Be sure the sound on your PC is "ON" before beginning the course.**

To take the course – go to [www.NFHSLearn.com](http://www.NFHSLearn.com) – On top Black Banner (if you are already registered) click on "Sign In" (if you have never registered) click on "Register" to register for the site. Complete all required information and then click on "Finish" to submit registration. This will take you to a page and explain the site and information available to you. Continue clicking "Next" until the first course available appear. "Concussion in Sports-What You Need To Know" is the first course on the list.

"Concussion in Sports – What You Need to Know" and click on "Order Course" - even though the process for ordering the course looks like you are buying something, there is no charge for this course – **it is FREE** and will show \$0.00 amount.

After clicking on "Order Course" it will take you to the next page and again click on "Order Course" in the top Black Banner. Follow the prompts to "Check Out". Again follow the prompts. Once your "Order Receipt" appears – click on "DASHBOARD" in the top White Banner. This will take you to your Home Page where you click on "BEGIN COURSE".

Begin taking the 20 minute video course.

Once completed – you will need to print out and send a copy of your certificate – **not the receipt for ordering the course** – along with your application to coach. When finished, you can return to "DASHBOARD" and click on "DOWNLOAD CERTIFICATE" tab of your NFHSLearn homepage. Save and print the pdf file by clicking "View/Print." There is no need to take this course more than once – you will be able to provide your certificate of completion to all sports you coach or assist. The entire course is a video interactive course and only takes about 20 minutes to complete. Feel free to take any "free" or other courses available you may desire at your expense.

Thanks for your interest in protecting our children and your cooperation and assistance with our programs.

# AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my position with Livingston Recreation Department, the **Township of Livingston** will use the services of an outside agency to research and verify the information I have provided on my application form including my personal background, character, and qualifications. This agency will provide a written report of its findings to **Township of Livingston**. **Township of Livingston** uses **Abso**, a consumer-reporting agency, as an agent to perform its related background investigations.

**Abso** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, - I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Township of Livingston** , and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Township of Livingston** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Township of Livingston**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the volunteer form, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed	Today's Date
Name as it appears on your driver's license	Volunteer Coach Position Applied For
- - / / Social Security Number Date of Birth	Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:  
 \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

	Mo./Yr. / Mo./Yr
Current Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?