



## Girls Recreational Fast Pitch Softball Coaches Application

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female (If female, please list your maiden name and any previously married names.)

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

D.O.B: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Have you had previous coaching experience or opportunities to work with children before? Yes No

If yes, name of the organizational league: \_\_\_\_\_

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

Name of person in charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any criminal history you may have: \_\_\_\_\_

I want to coach my child's team. Child's name: \_\_\_\_\_

I would like to Coach division: 8U 10U 12U 14U 16U 18U Coach Shirt Size: \_\_\_\_\_

•League breakdown is subject to change depending on the registration number and availability of coaches. Therefore, some grades may be combined differently if insufficient players sign up in a specific grade group. The Recreation Division reserves the right to refund player fees and eliminate teams from the league where and/or when coaches are not available

This year, we're adopting the names of renowned colleges known for their exceptional softball programs to motivate the next wave of players in the sport. With this change, I plan on getting higher-quality uniforms. I am considering what college you'd like your team to be, but it is not guaranteed.

College Name: \_\_\_\_\_ Colors: \_\_\_\_\_

### **All volunteers will be subject to a Criminal Background Check by the City of Cheyenne Police Department.**

*By signing this application, I acknowledge that I have read the following documents presented to me (Affidavit, Consent & Release, Letter of Understanding & Policy Statement) and hereby give written consent to the City of Cheyenne to conduct a criminal background check, including the Wyoming Sex Offender Registry & National Sex Offender listing.*

\_\_\_\_\_ I understand that the background records obtained by the Cheyenne Police Department will be shared initially with Human Resources.

The undersigned hereby agrees to release the City of Cheyenne Recreation Division against any and all claims for loss, injury, or damage to persons or property arising out of the activities engaged in by the undersigned as part of Cheyenne Recreation Division program activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return on or before March 29, 2024, to Kiwanis Community House (4603 Lions Park Drive) or email to Harley Tekerman - htekerman@cheyennecity.org

## Cheyenne Recreation Division Youth League Coach Assumption of Risk Waiver & Release

I, the undersigned coach, agree that there are inherent risks of injury from my participation in the Cheyenne Recreation Division League. Those risks include, by way of example and not limited to cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I am aware of the risks of injury, and will instruct my players to follow the safety rules and my instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to me in the event of an injury or illness. I consent to the administration of first aid procedures on myself by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport me to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my participation in the Cheyenne Recreation League, I fully assume all risks associated with my participation in the League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which I have or which may accrue against the City of Cheyenne, its offices, employees, and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my participation in the Cheyenne Recreation Division League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

The undersigned agrees to notify the Cheyenne Recreation Division if he or she believes that any of the foregoing access/use restrictions may apply. I certify that I have read and understood this document and sign it knowingly, willingly, and voluntarily.

I have read the above statements and acknowledge the terms of the agreement.

Coach's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

**Please include a picture of  
your license with your  
coaching application.**



HUMAN RESOURCES DEPARTMENT  
2101 O'Neil Avenue, Room 103  
Cheyenne, WY 82001  
(307) 637-6340

## **AFFIDAVIT, CONSENT AND RELEASE**

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in my application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass a drug screening examination and a criminal background investigation. I hereby consent to a pre-employment drug screen and a criminal background investigation, if required, as a condition of volunteer.

\_\_\_\_\_  
**Initial** I understand that the background records obtained by the Cheyenne Police Department will be shared with Human Resources.

I UNDERSTAND THAT MY APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT VOLUNTEER DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEER NOR GUARANTEE VOLUNTEER FOR ANY DEFINITE PERIOD OF TIME. ONLY THE MAYOR/DESIGNEE OF THE CITY OF CHEYENNE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF VOLUNTEER FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR/DESIGNEE AND THE VOLUNTEER.

I am fully aware that the volunteer period for the City of Cheyenne is one (1) year and that I can be dismissed without cause throughout the specific probationary period.

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
**Applicant Name (please print)**

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

\_\_\_\_\_  
**Date**



# Cheyenne Police Department

## Public Records Request

Government Issued Picture ID Required, WY SS 16-4-202(a)

Requestor **MUST** be person who will receive the report. See Fee Schedule for charges.

Requestor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Reason for Request (Mandatory): \_\_\_\_\_

Item(s) Being Requested: \_\_\_\_\_

Signature: \_\_\_\_\_

If you are applying for a City of Cheyenne position, please sign below. I understand that the background records obtained by the Cheyenne Police Department will be shared with Human Resources.

Signature: \_\_\_\_\_

Records Clerk Signature: \_\_\_\_\_



HUMAN RESOURCES DEPARTMENT  
2101 O'Neil Avenue, front lobby  
Cheyenne, WY 82001  
(307) 637-6340

Welcome Coach!

The City of Cheyenne Human Resources processes your background check to become a Coach. One of the items we check is Department of Family Services Central Registry and need the following information in order to process the request.

Please PRINT

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

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

Date of Birth: \_\_\_\_\_ SS # X X X - \_ \_ - \_ \_ \_ \_

You will receive a link from Central Registry or the Department of Family Services. Please click on the link and complete it as soon as possible. If not completed, you will not be able to Coach until all steps are completed.

Thank you,

Human Resources staff