Athletics Volunteer Coaches Application

Spring Sports 2016

STATESBORO-BULLOCH

Parks and Recreation

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STATESBORO-BULLOCH
Parks and Recreation

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Dear Coach,

Baseball, Softball and Soccer season is upon us once again. As always, your commitment last year made the 2015 season a success for our community's youth and the Statesboro-Bulloch Co Parks & Recreation Department. It is now time to get ready for the 2016 season, and we again need your help. All interested volunteers are encouraged to get involved so that we can make this baseball/softball/soccer season another great one for the kids.

If you are interested, please fill out the attached Volunteer Coaches Application completely! These must be turned in to the main office (Honey Bowen Building) on Fair Road by **Friday, February 19th**. Office hours are Monday – Friday, 8:30 AM to 5:30 PM. If you know of anyone else who is interested in coaching or helping you, please have them come by the office to pick up an application ASAP! ***Please be aware that completing the application does not guarantee a coaching position. The Recreation Department will notify you if you are assigned to a team by March 3rd.***

(PLEASE READ THE FOLLOWING VERY CAREFULLY)

ALL COACHES MUST BE CERTIFIED PRIOR TO THE START OF THE SEASON!

All coaches will be certified under NYSCA (National Youth Sports Coaches Association). There will be a videotape portion and a hands-on clinic for certification. **Both** segments **must** be completed in order to be certified.

IF:

1) You were NYSCA certified in baseball / softball / soccer last season.
   - All you are required to do this year to continue your certification is sign a copy of the Coaches' Code of Ethics. **It is mandatory that all coaches attend the hands-on clinic.**

2) You are currently NYSCA certified in another sport (football/basketball).
   - You do not need to attend the video clinic, **however you must attend the hands-on clinic in order to be certified to coach baseball / softball / soccer.** (If you are not sure of your certification status, please call Mitch Stafford at 764-5637.)

3) You ***are not*** currently NYSCA certified.
   - You must attend the hands-on clinic **and** only one of the video clinics. Attendance is not optional if you wish to coach.

Please make every effort to attend this meeting listed below. No, Really!! No excuses!! This is for all coaches!!

BASEBALL/SOFTBALL RULES MEETINGS/VIDEO CLINIC

When: ***Saturday March 5th***
Where: ***Mill Creek Park***
Time: ***8:30 a.m.***

Mandatory Hands On Clinic will be taught by Doyle Baseball.

If you cannot attend you must notify Mitch Stafford at 912-764-5637 or mstafford@bullochrec.com.

SOCCER RULES MEETINGS & VIDEO CLINIC

When: ***Saturday March 5th***
Where: ***Mill Creek Elementary School***
Time: ***9:00 a.m.***

If you cannot attend you must notify Chris Atkinson at 912-764-5637 or chris@bullochrec.com.

Policies and Procedures for Athletic Coaches

Volunteer Coach

The SBCPRD welcomes any and all volunteers who meet the requirements to become a coach. However, during games there is a limit of 4 coaches who can actively work with a single team. Extra volunteers are welcome during practice session as long as they have met the requirements of the SBCPRD.

Application

Any person wishing to volunteer coach must fill out an application and consent form. The coaching application is an information sheet that allows the recreation departments staff to keep important information about coaches on file. The criminal background check form allows the Bulloch County Sheriff's Department to retrieve any criminal records. Applicants with records on file must meet with the **Superintendent of Athletics** to be allowed to coach. A new application must be completed each session.

Required Training

In order to coach in our league, coaches must be certified through NYSCA (National Youth Sports Coaches Association). NYSCA is a national organization whose sole purpose is to make youth sports better for kids. They achieve this though their three-year video certification program. Coaches attend certification programs where they view a video, take a certification test and sign a code of ethics. The certification levels are first year, second year, and third year/Lifetime coaches. The certification meetings are mandatory for all coaches who wish to coach for the SBCPRD.

Volunteer Coach Evaluation

All volunteer coaches for the SBCPRD are monitored throughout the season. The staff attempts to ensure that the coaches:

- **Have a thorough understanding of first aid principles in case an injury occurs**
- **Organize practices that are fun and challenging for all of the players**
- **Demonstrate fair play and sportsmanship**
- **Have knowledge of rules for the sport the he/she coaches**

Guidelines For A Coach's Expulsion

The SBCPRD maintains the right to suspend the coaching privileges of any individual who they feel is unable to carry out the responsibilities of a youth sports coach.

Coach Selection

1. Prospective coaches must apply for team assignments by obtaining a coaches application from the Administration Offices (county-wide) or Athletic Program Supervisors. This form must be completed and returned during the designated participation registration dates for that sport. This form must be completed on a season-to-season basis no matter how long you have coached in the program.

2. All coaches must complete a coach's application including a Background Consent Form in order to be considered for a head or assistant coach position in all athletic programs. A criminal background check is mandatory for **ALL** coaches. A written authorization form allowing SBCPRD to order an individual criminal background is required. Individual applicants shall be disqualified from the coach selection process if they are convicted of the following:
    - **Any crimes against children**
    - **Any felony conviction involving violence**
    - **Any sexual offense**
    - **Any substance abuse offense**

Said staff shall approve the list of coaches based on the following criteria:

- **Previous coach evaluation(s) and incident report reviews**
- **Years of experience**
- **Playing or other coaching experience**
- **Perceived coaching effectiveness**
- **Parent evaluation of coach**
- **Past experience in developing players and past practice frequency**

- The Athletic Program Supervisory Staff will review all coaching applications on a first come/first serve basis

- Applicants will be discussed and evaluated by the Athletic Program Supervisors based on experience and attributes that would be of the most value to the league and to the players

- Applicants must be approved by a majority vote to be eligible for a team assignment.

- The Athletic Program supervisors will assign each prospective coach with a ranking. The number of teams in a division will determine the number of coaches. The assigned ranking of the manager will then be matched up to the number of teams.

- A coach returning in the same age group for the same sport will have the first opportunity to coach that team again, if he or she meets the other requirements listed as criteria.

- An assistant coach who helped coach that team will be next in line for the team he or she helped with.

- A coach who coached in that sport in the last year in another age group, will have the first opportunity to move up or down in age groups, when an opening occurs.

- A coach from the previous sport will be next in line.

- Volunteers will be recruited form interested persons in that sport.

- Parents from the team without a coach will be next in line for coaching.

- No Head Coach or Assistant Coach may change teams while he or she has a child playing in the same age group which he or she is coaching.

- An assistant coach may change to become a Head Coach, if last year's Head Coach does not return to the team he assisted.

3. All Head and Assistant Coaches must attend the required coach's clinics each year in each sport he or she wishes to coach. Failure to attend will cause loss of his or her team. **Coaches will not be allowed to conduct practices or games on county facilities until certification is completed or renewed.** This is the responsibility of the league coordinator, that all league coaches have completed the above clinics.

4. Each team is allowed a Head Coach and an Assistant Coach only. After team assignment postings are complete any parent who would like to assist the coaches may do so, if they meet SBCPRD requirements. However during the game, there is at all times a 4-coach limit.

Rules for Coaches

1. Coaches will study the rules of the game, observe the rules, and attempt to improve himself or herself through the knowledge of the sport.
2. Coaches should remember that you are out there for the **CHILDREN** and not to draw attention to yourself, but encourage the children in learning and playing.
3. Coaches should shape their character and conduct so as to be a worthy example to the youth under their jurisdiction.
4. Coaches should be fair and unbiased in their decisions regarding the playing of children.
5. Coaches should cooperate and be professional in their association with fellow coaches and **Officials.** They should avoid any activity that would cause them or the Recreation Department public embarrassment.
6. Coaches should be dignified, courteous, positive, friendly, calm, and always alert; should never be rude, arrogant, or overbearing during practice and games.
7. Coaches should keep in mind that the children are more important than the game or the ambitions of any player or parent.
8. Coaches will not use tobacco products, drugs, or alcoholic beverages on or in the vicinity of playing field on the day of a game or during practice
9. All coaches are responsible for returning their team's equipment after their last game.
10. Any coach having knowledge of players in the league or tournament recreational league in a Recreation Department or GRPA tournament under false age or identification will be suspended indefinitely.
11. All-Star Coaches, upon accepting the responsibility to coach, are required to accompany their team to any and all playoffs. Failure to do so will result in immediate suspension from the program.

Game Participation Rules

A. Coaches not playing their players the required time must start the players the next game and let them play their required playing time for both games.

- **Penalty:** For failure the second time, the coach will be suspended for 1 game.

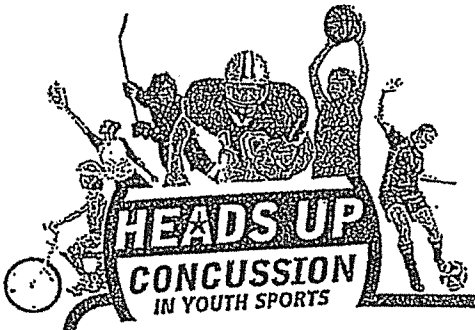
B. IF ALL PLAYERS HAVE NOT PLAYED BY HALF WAY THROUGH A GAME, THE GAME WILL BE STOPPED AND ALL SUBSTITUTES WILL BE ENTERED.

Any coach acting in any un-sportsmanlike manner or in any way that could prove detrimental to the league, players, officials, or spectators will be subject to disciplinary action by the Recreation Department.

Disciplinary actions will be imposed on a Head or Assistant Coach regarding:

A. Language unbecoming to the league (suspension next game and must leave the park).
B. Fighting (suspension indefinitely).
C. Touching or striking an official (suspension).
D. Un-sportsman like conduct at an athletic event (suspension next game and must leave the park).
E. Damage to recreation property (suspension indefinitely).
F. Thrown out of a game (suspension indefinitely).

- **Second offense of any of the above infractions will result in coaching status review by Staff and Director before being allowed to coach another game.**



A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports
Para descargar la hoja informativa para los entrenadores en español, por favor visite
www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury.**
- All concussions are **serious.**
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport.**
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

It's better to miss one game than the whole season.

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

Adapted from Lovell et al. 2004

WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.[2,3]

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.

ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. **REMOVE THE ATHLETE FROM PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. **ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

   - Cause of the injury and force of the hit or blow to the head or body
   - Any loss of consciousness (passed out/knocked out) and if so, for how long
   - Any memory loss immediately following the injury
   - Any seizures immediately following the injury
   - Number of previous concussions (if any)

3. **INFORM THE ATHLETE'S PARENTS OR GUARDIANS.** Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

4. **KEEP THE ATHLETE OUT OF PLAY.** An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

REFERENCES

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press; 2002.
3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.

If you think your athlete has a concussion: take him/her out of play and seek the advice of a health care professional experienced in evaluating for concussion.

THE FOLLOWING PAGES SHOULD BE COMPLETED FULLY AND TURNED INTO THE RECREATION DEPARTMENT INORDER TO PROCESS YOUR APPLICATION!

A COPY OF YOUR DRIVERS LICENSE IS REQUIRED WITH THIS APPLICATION OR YOU CAN EMAIL A COPY TO KSHARPE@BULLOCHREC.COM

THE PAGES PRIOR TO THIS ARE FOR YOUR REFERENCE AND SHOULD BE REVIEWED CLOSELY!

Volunteer Coach Application

(You must be 18 or older to be a volunteer coach)

Each coach must fill out a new application for each season.

Name:_____ Date:_____

Address:_____

City:_____ State:_____Zip:_____

Home Phone:_____Cell Phone:_____

Employer:_____Birth date:_____

Email address:_____

Do you have a child in our program? _____YES _____ NO Shirt Size: _____

Child's Name:_____League:_____

Indicate which area you would like to coach in:

___Brooklet ___Nevils ___Portal ___Statesboro ___Stilson

SOCCER

Indicate which season you are applying for:

___Spring (February- April)

Which group would you like to coach?

___U-6 (ages 4-5)
___U-8 (ages 6-7)
___U-10 (ages 8-9)
___U-12 (ages 10-11)
___U-14 (ages 12-13)
___U-16 (ages 14-16)
___U-18 (ages 16-18)

BASEBALL/SOFTBALL

March-June

Which group would you like to coach?

Please list 1st, 2nd, 3rd choices:

___T-Ball (ages 5-6)
___Rookie (ages 6-7)
___Tiny Mite Boys (ages 7-8)
___Tiny Minor Girls (ages 7-9)
___Minor Boys (ages 9-10)
___Midget Boys (ages 11-12)
___Midget Girls (ages 10-12)

Tennis

Year Round

Which group would you like to choose?

___ Lessons (Youth)
___ Leagues (Adult)
___ Tournaments (all ages)

*********OFFICE USE ONLY*********

Paperwork Received _____ _____ **Placed on a team**

Background Submitted on _____ **Clear or Record** **Team** _____

_____**Contacted** _____**Enrolled in E-trak** _____ **Spreadsheet**

ALL COACHES MUST BE CERTIFIED
ATTENDANCE AT CLINICS/RULES MEETINGS IS REQUIRED

Please list requests for assistant coaches: Name/Phone Number
1)_____
2)_____

Please check which sports you have participated in:
____Football ____Basketball ____Softball ____Baseball ____Track ____Soccer ____ Volleyball ____Wrestling

Have you worked with 5-18 year old children before? ___YES ___NO
If so, where and in what capacity? _____
_____

Are you *currently* certified by the National Youth Sports Coaches Association (NYSCA) or Doyle Baseball (for Baseball and Softball only)?
___YES ___NO If so, please list your certification number:_____

List 2 references who know about your playing or coaching experiences:

NAME	PHONE

Have you ever been convicted of a criminal offense other than a minor traffic violation? _Yes _____No
If yes, please explain._____
_____
_____
_____
_____

I, the undersigned, understand that as a coach of a youth sports league that I will be expected to follow all the rules and regulations as set forth by the Statesboro-Bulloch Parks & Recreation Department. I also understand that a failure to comply with all the rules can result with my termination as a volunteer coach.

Signed:_____ Date:_____

Please return to:
SBCPRD
Attn: Kimberly Sharpe
P.O. Box 408
Statesboro, GA 30459
FAX: 912-764-2425
Email: ksharpe@bullochrec.com

Mike Rollins, Director
P O Box 408 • 1 Max Lockwood Dr.
Statesboro, Georgia 30459

STATESBORO-BULLOCH
Parks and Recreation

Phone (912) 764-5637
Fax (912) 764-2425
Email mail@bullochrec.com

Coaches' Code of Ethics

If selected to be a volunteer Coach for Statesboro-Bulloch County Parks and Recreation I pledge to follow this Code of Ethics:

- Place the emotional and physical well-being of my players ahead of a personal desire to win.
- Treat each player as an individual remembering the large range of emotional and physical development for the same age group.
- Provide a safe playing situation for all players.
- Review and practice the basic first aid principles needed to treat injuries of the players.
- Organize practices that are fun and challenging for all of the players.
- Lead by example in demonstrating fair play and sportsmanship to all players.
- Provide a sports environment for the team this is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- Be knowledgeable in the rules of each sport that I coach, and teach these rules to the players.
- Use coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.
- **This "Code of Ethics" was written by the National Youth Sports Coaches Association in conjunction with NYSCA Volunteer Coach Certification Training.**

Printed Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Disciplinary Procedures

Coaches found to be in violation of any of the policy and procedures set forth n this manual will be addressed as follows:

First Violation: Verbal Counsel of violation with exceptions for compliance with written documentation by the **athletic supervisor** and **league coordinator.**

Second Violation: Written warning of violation with expectations for compliance by the **athletic supervisor (suspension for 2 games).**

Third Violation: Suspension from coaching any sport with SBCPRD and written expectations of compliance by the **athletic supervisor.**

- **Any Confirmed Violations may result in immediate dismissal**

Appeals Process

This process involves any Parent/Coach or spectator wishing to appeal a formal parks and recreation staff decision regarding a suspension, probation or dismissal from a department sponsored activity or program.

Any person may appeal an action made by the department by writing, in detail, the Recreation Advisory Committee within five calendar days of action taken by department officials. Appeals may be brought to the administrative office Monday-Friday, 8:30-5:30 or mailed to P.O. Box 408, Statesboro, Ga. The appeal should be addressed: Attention Recreation Advisory Committee Chairperson. The RAC Athletic Sub-Committee will review the Appeal and the principals involved in the action. A sub-committee recommendation will be made to all other members of the RAC and a decision rendered regarding the appeal within two weeks of receiving a written request.

ANY POLICE OR PROCEDURE NOT COVERED IN THIS MANUAL WILL BE DETERMINED BY THE STATESBORO-BULLOCH COUNTY RECREATION DEPARTMENT AS INDIVIDUAL AND GENERAL SITUATIONS OCCUR.

Signature _____ Date _____

Mike Rollins, Director
P O Box 408 • 1 Max Lockwood Dr.
Statesboro, Georgia 30459

STATESBORO-BULLOCH
Parks and Recreation

Phone (912) 764-5637
Fax (912) 764-2425
Email mail@bullochrec.com

Coaches Name (Print)_____

Sport (Print)_____

League (Print)_____

I, _____(Print), acknowledge that I have received the Centers for Disease Control and Prevention (CDC) Coaches fact sheet on "Heads Up: Concussion in Youth Sports" from the Statesboro-Bulloch County Parks & Recreation Department.

Signature _____ **Date** _____

Bulloch County
PO Box 347
Statesboro, GA 30459

Statesboro-Bulloch County
Parks and Recreation

BACKGROUND CHECK & DRIVER HISTORY CONSENT FORM

Date: _____

Applicant's Full Name: _____

Current Address: _____

Sex:_____ Race: _____

Date of Birth: _____ SSN: _____

Drivers License #: _____

I hereby authorize Bulloch County to conduct a criminal background and/or driver's history check on me and to receive any criminal history and/or driver's history information pertaining to me which may be in the files of any federal, state or local criminal justice or driver's license agency. I understand that information revealed from these records may impact my employment with Bulloch County. I further understand that by signing this consent form, I am authorizing Bulloch County to conduct additional periodic driver's history checks on me and to receive said information pertaining to me at any time during my employment with Bulloch County, without the necessity of any additional authorization from me and without any additional prior notice to me.

_____ _____

Applicant's Signature Date

OFFICE USE ONLY

****

****COPY OF DL MUST BE ATTACHED IN ORDER TO PROCESS****

Parks & Rec Supervisor (PRINT)_____

Sheriff Dept Copy ☐ HR Copy ☐ Date_____