



SPORTS OFFICIAL SCORE KEEPER

Employee Application

**Contact:
Athletic Coordinators**

Recreation Center
307 Miller's Crossing
Harker Heights

254-953-5657

Checklist

- Application Completed
- Read & Sign all Guidelines
- Harker Heights Background Check Form Completed
- DPS Form Completed
- Appendix Forms Completed
- Bring in Photo ID



HARKER HEIGHTS PARKS & RECREATION

VOLUNTEER APPLICATION

Date Submitted to Athletics: _____ Athletic Approval: _____ Date Submitted to HR: _____

Have you applied with us before? (circle one) Yes No Season: _____

Area(s) of Interest: ____ SPORTS OFFICIAL ____ SCORE KEEPER

Name: _____

(First) (Middle Initial) (Last)

Date of Birth: _____ Maiden and/or Other Names Used: _____
(mm/dd/yyyy)

Driver's License #: _____ State: _____ Gender: M F Race: _____

Street Address: _____ City: _____ Zip: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____ T-Shirt Size: S M L XL XXL other: _____

E-Mail Address: _____

In Case of Emergency Contact:

Name: _____ Phone #: (_____) _____ Relationship: _____

INFORMATION REQUIRED FOR SPORTS OFFICIALS OR SCORE KEEPERS:

Specific Sport Interest: ____ Youth Kickball ____ Youth Soccer ____ Youth Basketball
 ____ Co-Ed TBall ____ Girls Softball ____ Youth Baseball
 ____ Girls Volleyball ____ Adult Leagues ____ Other

Do you have an Assistant Coach? Y N If Yes, His/Her Name: _____

RELATED EXPERIENCE:

Please list in chronological order, beginning with the most recent, your educational, professional and relevant experiences to include: degrees, certificates, licenses, organizations and/or affiliations.

WEB MEMBERSHIPS:

Please list and all, current personal or business websites, web pages or memberships on any Internet-based chat room, social clubs or forums, to include, but not limited to: Facebook, MySpace, Blogs, Yahoo, YouTube, etc.

Website/Domain

Screen Name

Have you ever been convicted, plead guilty or no contest, or received deferred adjudication before? Yes _____ No _____
If Yes, Please Explain _____

Do you currently have any criminal charges pending? Yes _____ No _____ If Yes, Please Explain _____

(You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in automatic disqualification. The seriousness of the crime, date of conviction, and the relevance of the crime to this position will be considered prior to participation in the Harker Heights Parks and Recreation Department (HHPRD) programs.)

As a HHPRD Sports Official or Score Keeper I agree:

1. All officials are required to completely fill out and submit HHPRD background check, application, Authorization to Release Information and appendix packet annually.
2. Each official/score keeper is required to comprehend the official's manual and bylaws for each sport.
3. All officials are responsible for observing actions of players and coaches, regulating pace of play, enforcing sportsmanship, and ensuring local bylaws and official rules of game are enforced.
4. It is the responsibility of the official to act as an impartial judge in athletic competition and to act professionally at all times when representing the City of Harker Heights.
5. Each official should treat staff, fellow officials, players, coaches and spectators with respect.
6. Each official should display a positive attitude toward the game and its participants.
7. HHPRD athletic programs are recreationally and instructionally based. As such, officials should strive to educate the participants, coaches and parents of the rules of the game while positively performing the necessary duties.
8. Vulgar, demeaning or abusive language is unacceptable and will not be tolerated.

** By signing you are agreeing to all terms and conditions as listed above and assigned by HHPRD Staff. By violating any of the above terms and conditions you may be subject to removal or other disciplinary actions at the discretion of City Staff.*

Printed Name: _____ Date: _____

Signature: _____

Parent Signature (if under 18): _____

City of Harker Heights Background Check

Disqualifying Offenses

No person may serve with youth or children who has ever been convicted of any disqualifying offense, been on probation or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charges alleging a disqualifying offense.

Disqualifying offenses are as follows:

- a. An offense classified as an offense against the person or family.

Examples:

Offenses against the person include, but are not limited to murder, assault, sexual assault, injury to a child, enticing a child, and harboring a child.

Offenses against the family include, but are not limited to bigamy, incest, interference with child custody, enticing a child, and harboring a runaway child.

- b. An offense classified as an offense against public order or indecency.

Examples:

Offenses against public order or indecency include, but are not limited to prostitution, obscenity, sexual performance by a child, possession or promotion of child pornography, and disorderly conduct.

- c. Robbery, arson, or an offense of any law regulating the possession, use, or carrying of weapons.
- d. A violation of any law intended to control the possession or distribution of any substance included as a controlled substance in Texas Controlled Substance Act.
- e. A violation of any law intended to limit the furnishing of alcohol or tobacco products to a minor.
- f. Any other felony offense which, in the judgment of the Parks & Recreation Director, indicates an unreasonable risk of harm to a minor.

Exceptions: misdemeanor drug or alcohol related convictions and convictions for assault and battery crimes against the person category may be excused if the convictions occurred more than five (5) years prior to the background check.

Acknowledgments

(Please initial)

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I am not one who has ever, or currently abuses minors including, but not limited to abusing them sexually.

_____ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I do not have a paraphiliac diagnosis (e.g. pedophilia, exhibitionism, voyeurism).

Signature

Date

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME: (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

INCODE Record Check: CLEAR or NOT CLEAR

DATE: ____ / ____ / ____

COMPLETED BY: _____

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES ____	NO ____	____ initial
Purpose of CCH: _____		
Empl ____	Vol/Contractor ____	____ initial
Date Printed: _____		____ initial
Destroyed Date: _____		____ initial
Retain in your files		

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