



2 PARK PLAZA  
ALPHARETTA, GA 30009  
PHONE: 678.297.6000  
WWW.ALPHARETTA.GA.US

Dear Prospective Coach:

Thank you for your interest in coaching a youth athletic team for the upcoming season for the City of Alpharetta Recreation, Parks and Cultural Services (ARPCS). To be considered for this volunteer opportunity, please review the information below and provide the documentation requested. If you are selected to coach a team, a member of our staff will contact you.

Please complete the forms, applications, and training programs as outlined in this letter. Submit electronic documents and certificates to [athleticprograms@alpharetta.ga.us](mailto:athleticprograms@alpharetta.ga.us). Drop off hard copy documents to Wills Park Recreation Center, 11925 Wills Road, Alpharetta, GA 30009.

Background Check Requirements and Paperwork to ARPCS:

- Criminal History Request Form
- Photo ID, scanned color copy (i.e. Driver's License or Passport)
- Signed Coaches Code of Conduct

Training Requirements:

- Mandatory Reporter Training  
<https://www.prosolutionstraining.com>  
On the introduction screen, click Training topics in the Human Services box. On the list of courses available, click on Child Abuse and Neglect (4). Select Child Abuse and Neglect (Human Services); Child Abuse and Neglect: Mandatory Reporting Requirements for Employees, Volunteers, and Contractors of Georgia Public Schools. *Print certificate upon completion.*
- Concussion Awareness  
<http://www.cdc.gov/headsup/youthsports/training/index.html>  
*Print certificate upon completion.*

All forms must be filled out completely and legibly. Please sign forms where indicated. Questions? Call 678.297.6163.

Respectfully,  
Alpharetta Recreation, Parks & Cultural Services Staff

MAYOR  
JIM GILVIN

MAYOR PRO TEM  
DONALD F. MITCHELL

COUNCIL MEMBERS  
JASON BINDER  
BEN BURNETT  
JOHN HIPES  
DAN MERKEL  
KAREN RICHARD

CITY ADMINISTRATOR  
ROBERT J. REGUS



**CITY OF ALPHARETTA  
GEORGIA CRIMINAL HISTORY RECORD INFORMATION  
REQUEST AND CONSENT FORM**



**1) This Request Is For:** (Check Only One)

- Employment  Military  Licensing  Personal Use  Other Use Not Listed (E)
- International Travel  Firefighters Employment  Taxi Permit  Precious Metals  Massage Therapy Permit (E)
- Prospective Adoptive/Foster Parents (E + Note & 2 copies)
- Employment Working With The Elderly (N)
- Employment At A Child Care Facility, School, or Other Jobs Involving Children (W)
- Employment Working With The Mentally Ill (M)
- Firearms/Toting Permit (F)
- Police Ride Along Request (C)  Police Department Vendor/Contractor/Visitor (C)
- Criminal Justice Employment – Non Sworn (J)
- Police Officer Pre-Employment (Z)
- Alpharetta Parks and Recreation Employment (E)  Alpharetta Liquor Licensing (E)

**2) A History Is Requested On The Following Person:**

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_

Race (check one):  White  Black  Asian  American Indian  Unknown/Other

Date Of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

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

**3) Person Requesting Criminal History** (person permitted to pickup request):

Name: \_\_\_\_\_  
Last First Middle

Company (if applicable): \_\_\_\_\_

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

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

**4)**

In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / \_\_\_\_ days from the date on this request. I agree that the Alpharetta Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at anytime. **I also understand that the required payment (if applicable) is due upon request.**

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be resubmitted.

Photo copy of a legal government ID must accompany this request.

Service	Fee
General Criminal History Request	\$15
Firearms Criminal History Request	\$55
General Criminal History Request for City of Alpharetta official purposes	Free

Signature of person whom criminal history is being inquired \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only – Do Not Mark Below This Line

Results: \_\_\_\_\_

GCIC Tech: \_\_\_\_\_ ARN: \_\_\_\_\_

Date Submitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Inquiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Criminal History Record Information Frequently Asked Questions (FAQs)

### What information is contained in a Georgia criminal history record?

The criminal history record includes the person's identification data (name, date of birth, social security number, sex, race, height, weight, etc.), arrest data (including arresting agency, date of arrest, and charges), final judicial disposition data submitted by a court, prosecutor or other criminal justice agency and custodial information if the offender was incarcerated in a Georgia correctional facility.

### How do I request a correction or update of my Georgia criminal history record?

If your criminal history record has inaccurate or missing information, GCIC cannot correct or update your criminal history record without appropriate documentation and/or authorization of the submitting agency. As of December 1, 2008, law enforcement agencies must use the web-based Computerized Criminal History (CCH) User Interface to update or modify arrest and identification data submitted by their agency. All other criminal justice agencies, such as courts, prosecutors, probation/parole offices, are encouraged to transmit online updates or modifications, thereby reducing the time to complete the record update. Written requests submitted to GCIC must be on official letterhead, with the following information: full name of subject, date of birth, social security number, race, sex, and date of arrest; or State Identification Number (SID) and date of arrest or Offender Tracking Number (OTN) for that date of arrest; and the requested changes. If the above information is not included in the document, the request cannot be processed.

### How do I obtain a copy of a criminal history record from a State other than Georgia?

Contact the State's criminal justice agency (Bureau of Investigation, State Police, etc.) to obtain information on requirements and fees. Requirements may be listed on the agency's website.

### How do I obtain a copy of my national criminal history record?

Individuals can obtain a copy of their national criminal history record from the FBI. In order to receive a copy of your FBI record for personal, employment, or international work requirements, please visit the FBI website, <http://www.fbi.gov/hq/cjisd/fprequest.htm> for more information.

### What is Georgia's First Offender Act (FOA)?

Per Georgia law (O.C.G.A. § 42-8-60), "upon a verdict or plea of guilty or nolo contendere, but before an adjudication of guilt, the court may, in the case of a defendant who has not been previously convicted of a felony, without entering a judgment of guilt and with the consent of the defendant, defer further proceeding and place the defendant on probation as a first offender.

If the terms of the first offender sentence are successfully completed, and the probationer discharged, those charges would be sealed on the GCIC database when the discharge is applied to the GCIC criminal history; however, such information may be available through other sources, including court docket books, criminal justice agency websites, or through "third party" vendors. GCIC must receive official notification that the subject has successfully completed the FOA requirements. The record is not automatically sealed based on the passage of the probation sentence.

Georgia law (O.C.G.A. § 42-8-65(b)) requires GCIC to change the first offender sentence to a conviction if, prior to successful discharge, the subject is arrested and convicted of another offense while still on first offender probation or the offender has received prior FOA treatment. Courts may also revoke a first offender sentence, indicate unsatisfactory completion of the first offender sentence or change to an adjudication of guilt.

Georgia law (O.C.G.A. § 42-8-63.1) notes offenses for which a FOA discharge may be used to disqualify a person for employment; thus the information will be disseminated to prospective employers

### What is Conditional Discharge?

Conditional Discharge Programs is different from the Georgia First Offender Act, but there are distinct differences. Conditional Discharge Programs are designed for offenders who have been charged with first time underage possession of alcohol (O.C.G.A. §3-3-23.1) or drug use (O.C.G.A. §16-3-2) and placed on probation without entering a judgment of guilt. Upon fulfillment of the terms and conditions, the court shall *discharge* the person and *dismiss* the proceedings against the defendant. *Discharge and dismissal under this Code section shall be without court adjudication of guilt.* Discharge and dismissal, per code section, may occur only once with respect to any person. A person sentenced under O.C.G.A. §§ 16-13-2 or 3-3-23.1 is not eligible for record restriction under O.C.G.A §35-3-37(d)(7) unless the terms specifically provided for record restriction of the arrest record.

#### Contact Information

Georgia Crime Information Center

CCH/Identification Services

P.O. Box 370808

Decatur, Georgia 30037-0808

Fax: 404-270-8417

Email: **Criminal history updates/modifications** - [gacriminalhistory@gbi.state.ga.us](mailto:gacriminalhistory@gbi.state.ga.us)

**Employment, licensing, visa (travel) or any other non-criminal justice purpose –**

[GAApplicant@gbi.ga.gov](mailto:GAApplicant@gbi.ga.gov)

#### Telephone Helpline: 404-244-2639

- Option 1. Criminal History Inquiries regarding Record Restriction or Updates
- Option 2. Applicant Background Information
- Option 3. Attorney or Public Defender
- Option 4. Livescan or Identification Inquiries
- Option 5. Internet Felon Criminal History



## Alpharetta Recreation, Parks & Cultural Services Coaches Code of Conduct

As a youth sports coach for Alpharetta Recreation, Parks & Cultural Services (ARPCS) who recognizes the philosophy and mission of ARPCS in providing positive youth sports experiences for children in this community, I hereby pledge to abide by the following:

- I understand that coaching youth sports for ARPCS is a privilege, not a right.
- I will act in a professional and courteous manner towards my players, game officials, fellow coaches, parents, and league administrators at all times.
- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I understand that there is no place for foul and abusive language or behavior in youth sports. I understand that if I use foul and abusive language or act inappropriately while representing ARPCS, that I am subject to immediate and possible permanent loss of my coaching privilege.
- I will demand a safe sports environment that is free of drugs, tobacco, and alcohol, and will refrain from their use at all ARPCS youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and will teach these rules to my players.
- I will participate in any and all required training and/or certification programs offered through ARPCS.
- I will lead by example in demonstrating fair play and sportsmanship to all of my players.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I understand that as a youth sports coach, I am a role model for children in our community.
- I will do my best to organize practices that are fun and challenging for all of my players.
- I will remember that I am a youth sports coach and that the game is for the children.
- I understand that at any time I may be relieved of my coaching duties at APRCS, with or without cause.

I hereby pledge to follow ARPCS's Coaches Code of Conduct, policies and procedures, and live up to my responsibilities as a youth sports coach.

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Print Name

Signature

Date



# Alpharetta Recreation, Parks & Cultural Services Volunteer Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

SEX: MALE  FEMALE  DATE OF BIRTH: \_\_\_\_\_

APPLYING TO VOLUNTEER FOR (SPORT/ACTIVITY/EVENT) \_\_\_\_\_

I hereby apply to be a volunteer for the City of Alpharetta Recreation, Parks & Cultural Services (“City”). I understand that it is a privilege to be a volunteer, not a right, and that my application to be a volunteer does not guarantee volunteer placement. Before being considered as a potential volunteer, I understand that I must successfully pass the City’s Criminal History Background Check. I will submit the required documentation as requested and in a timely manner. I understand that other criteria will be evaluated by the City to determine my ability to carry out volunteer duties and responsibilities. I understand that in order to be eligible for certain volunteer assignments, I must be at least eighteen (18) years of age.

If I am selected to be a volunteer, I acknowledge and understand the following:

1. I will not receive any financial compensation for my service; I will be responsible for my expenses
2. I will be responsible for transportation to and from all activities associated with my volunteer service
3. I will be an ambassador for the City, will adhere to the rules/policies/code of conduct set forth by the City, and will conduct myself professionally and with integrity at all times
4. I will adhere to the City’s Code of Conduct at all times
5. I will accept responsibility for the risk of injury while performing volunteer duties
6. I attest that I am in sufficient good health and physical condition to undertake my volunteer service
7. I will dress appropriately for the duties to which I am assigned
8. I will attend and/or complete required training programs offered by the City related to my volunteer service
9. I will demonstrate enthusiasm and commitment to my duties as a volunteer
10. I consent that my name, photograph, image, and/or likeness may be used, in perpetuity, by the City for promotional and information purposes in print, on the City website, and in other media
11. I will not engage in profane, abusive, and/or threatening language and/or behavior as a volunteer
12. I will serve as an “at will” volunteer and understand I may be relieved of my volunteer duties at any time with or without cause by the City
13. City volunteers are required by law to report any suspicion of child abuse to the proper authorities. Failure to do so may result in criminal charges.
14. I will adhere to all local, state, and federal laws and regulations while serving as a volunteer.

**LIABILITY WAIVER AND RELEASE:**

I release, discharge and hold harmless to the fullest extent permitted by law, the City of Alpharetta, the City of Alpharetta Recreation, Parks & Cultural Services, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions, or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my participation as a volunteer for the City of Alpharetta.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (Age 18 and Up)  
(Or Parent/Guardian of a Minor Applicant)

\_\_\_\_\_  
DATE