CONWAY PARKS, RECREATION & TOURISM
Officials Application

2012

In order to officiate for Conway Parks, Recreation & Tourism, interested candidates must complete the following and then be approved by the Parks, Recreation & Tourism Director:

1. Officials Application 2. Criminal Records Check Authorization 3. Sign an Officials Code of Conduct
4. Attend a Mandatory Officials Meeting. (OFFICIALS SHALL SUBMIT A NEW APPLICATION ON AN ANNUAL BASIS)

PLEASE PRINT

Name_____
First *Middle* *Last* *Preferred name*

Date of Birth_____ AGE: _____ ***(Must be at least 14 years of age to be an official.)***

Address:_____

City_____State_____Zipcode_____

Home Phone _____ Work Phone_____ Ext._____ Cell Phone_____

Email_____

Place of Employment_____

Your Position_____ May we contact you at work if needed? ___Yes ___No

OFFICIATING INFORMATION

PLEASE CHECK THE SPORT(s) YOU ARE APPLYING TO OFFICIATE:

☐ **Baseball** ☐ **Basketball** ☐ **Softball**
☐ **Flag Football** ☐ **Tackle Football** ☐ **Soccer**
☐ **Volleyball** ☐ **Other: _____**

PLEASE LIST YOUR ORGANIZED OFFICIATING EXPERIENCE:
(Example NYSCA Certifications, Officials Clinics, etc…)

_____

_____

If my application is accepted and I am approved to be an official for Conway Parks, Recreation & Tourism, I agree to abide by all Rules and Regulations governing officials and the program that I officiate. I also agree to attend the mandatory Officials meeting(s), appropriate officials clinic(s) and adhere to the Officials Code of Conduct. I understand that if I have any problems or concerns while officiating, I will talk with the Parks & Recreation staff member that coordinates the sport I officiate. I further understand that failure to adhere to the officials code of conduct may result in my suspension and/or dismissal as a Youth Sport Official for Conway Parks, Recreation & Tourism. As an applicant, to be an official for Conway Parks, Recreation & Tourism, I hereby authorize the department to conduct a criminal records and background check. I understand that the disclosure of a record may result in automatic disqualification from officiating. Moreover, I hereby release Conway Parks, Recreation & Tourism from any civil or criminal liability whatsoever for seeking the requested information and for evaluating such information as it relates to my Officiating Application with the City of Conway. I understand the information received will be treated in a confidential manner. I agree to notify Conway Parks, Recreation & Tourism in the event charges are brought against me or if I am under investigation during my officiating tenure. I also understand that approval of a Background check does not imply that my official's application will be approved. I understand that the designated Parks & Recreation staff has the authority to recommend for approval and deny officiating positions for the sport they coordinate. I understand that if I am approved, I am not an employee of the City of Conway. I am an Independent Contractor and it is my responsibility to contact the designated booker for officiating opportunities. I hereby expressly acknowledge and agree that the Conway Parks, Recreation & Tourism Director may select/suspend and/or dismiss me as a Youth Sport Official with or without cause and in his sole discretion.

_____ _____
Applicant's Signature *Date*

FOR STAFF USE ONLY

1. Signed Application Received:	_____ By:_____ *Date*
2. Records Check Received:	_____ By:_____ *Date*
3. Date of Officials Meeting Attended:	_____ By:_____ *Date*
4. Official's Rules & Regulations Received:	_____ By:_____ *Date*
5. Sport Rules & Regulations Received:	_____ By:_____ *Date*
6. Code of Conduct Signed:	_____ By:_____ *Date*

This applicant has been / has not been recommended as a Sports Official.

_____ _____

Staff Member Date

Reason(s):_____

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Based on recommendations and results of the background check, this applicant has been **APPROVED / DENIED** as an official for Conway Parks, Recreation & Tourism.

by: _____ Date:_____

Parks, Recreation & Tourism Director

Applicant was notified: _____In Person _____By Phone _____By Letter

Date:_____ By:_____