



**Girls on the Run Napa Valley**

**Checklist for Volunteer Coach: \_\_\_\_\_**

- \_\_\_\_\_ 1. Application with two references & interview
  
- \_\_\_\_\_ 2. Electronic Livescan Fingerprint Form
  
- \_\_\_\_\_ 3. Coaches Agreement with non-compete
  
- \_\_\_\_\_ 4. Certified Coaches Training
  
- \_\_\_\_\_ 5. Coaches Handbook-Signed Acknowledgement of Receipt
  
- \_\_\_\_\_ 6. First Aid/CPR certification confirmation (head coach)



# Girls on the Run Napa Valley Volunteer Application

*Please print clearly and return this application to:*

Girls on the Run Napa Valley

P.O. Box 2002 St. Helena, CA 94574 OR info@gotnapavalley.org

**THANK YOU for your interest in volunteering with Girls on the Run Napa Valley!** Once you return your application, we will contact you to arrange an interview.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:

E-mail  Home phone (time of day: \_\_\_\_\_)  Work phone (time of day: \_\_\_\_\_)

**Please answer the following questions:**

1. I am interested in serving as a **Girls on the Run**:

\_\_\_\_ Head Coach (open to women only)

\_\_\_\_ Assistant Coach

\_\_\_\_ Running Buddy for Community 5K

\_\_\_\_ Volunteer for Community 5k

\_\_\_\_ Other - Please explain: \_\_\_\_\_

2. I prefer to work with **Girls on the Run**:

\_\_\_\_ Weekdays, early afternoons (2:30pm-4pm)

\_\_\_\_ Weekdays, late afternoon or early evening (4pm-7pm)

\_\_\_\_ Weekends

\_\_\_\_ Other - Please list times: \_\_\_\_\_

3. If you are interested in coaching, please check the area(s) of Napa Valley that you would prefer to volunteer in [please check all that apply]:

\_\_\_\_ St. Helena

\_\_\_\_ Calistoga

\_\_\_\_ Yountville

\_\_\_\_ Napa

\_\_\_\_ Other- **Please specify:** \_\_\_\_\_

## **Additional Information**

1. How did you hear about Girls on the Run Napa Valley?

Friend, please share their name with us so we can thank them: \_\_\_\_\_

Poster/Sign  Website  Volunteer Fair/Open House  Other: \_\_\_\_\_

2. What is your experience working with children (particularly girls), specifically in 3<sup>rd</sup>-5<sup>th</sup> grades and/or volunteering?

3. Why do you wish to volunteer with Girls on the Run and/or what attracted you to our program?

4. Name one of your strengths and one of your challenges, especially in reference to working with girls.

5. Please list two individuals who can serve as references for you and your character.

Name	Contact Information	Relationship to You

6. Please briefly list your education background.

As a **Girls on the Run** policy, coaches must be drug-free and tobacco-free and must not consume excessive amounts of alcohol. In addition, if a Girls on the Run coach has suffered from an eating disorder, that coach must have completed treatment at least one year prior to the date signed below. Girls on the Run Napa Valley reserve the right to dismiss volunteers for violation of this policy. By signing below, you solemnly swear that you are abiding by all of the above policies and the terms set forth in the head or assistant coach job description.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# LIVE SCAN FINGERPRINTING PROCESS

Photo Pro 1258 Trancas Street Napa, CA: 255-0772

1. Live Scan is completed on Monday through Friday 9:30 to 6:30 and Saturday 10:00 to 5:00.
2. Bring and provide:
  - The Livescan Form: **Complete the personal information section and take to Photo Pro. After processed, ask Photo Pro to please make 2 copies for you;** one for your records and one for GOTRNV—the original is submitted by the Photo Pro.
  - Photo ID
  - \$15 (Cash, check or credit card); you can submit this for reimbursement or donate it to GOTRNV.
3. Your fingerprints will be submitted electronically to the California Department of Justice. GOTRNV will receive information within 3-7 business days. If you would like reimbursement, please submit a copy of this form and your receipt.



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AF004 Volunteer/VCA  
 ORI (Code assigned by DOJ) Authorized Applicant Type  
 Volunteer Girls On The Run NV  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Girls On The Run Napa Valley 16140  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
 P.O. Box 2002 Janet Todd  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
 St. Helena CA 94574 (707) 968-0692  
 City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____	First _____		Suffix _____
Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____ Weight _____ Eye Color _____ Hair Color _____	Billing Number _____		
	(Agency Billing Number)		
Place of Birth (State or Country) _____ Social Security Number _____	Misc. Number _____		
	(Other Identification Number)		
Home Address Street Address or P.O. Box _____	City _____	State _____	ZIP Code _____

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
 (Must provide proof of rejection)

Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name _____	Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____	
City _____ State _____ ZIP Code _____	Telephone Number (optional) _____

#### Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____ LSID _____	ATI Number _____ Amount Collected/Billed _____



## Girls on the Run Napa Valley Non Compete and Coaches Agreement

I, \_\_\_\_\_ (print), as a coach for Girls on the Run Napa Valley, agree to the following:

1. I will not deliver the Girls on the Run Program or any similar program unless I am working as an employee or volunteer of Girls on the Run Napa Valley.
2. I may not create or help develop a program that has similar goals and structure to that of Girls on the Run within a two-year period of my involvement with Girls on the Run.
3. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received.
4. I will abide by the logo usage guidelines and obtain approval from the Girls on the Run International staff if I am unsure of its use.
5. I will facilitate the learning of the different character development lessons in a fun, safe and supportive environment in order to achieve the goals of the GOTR Napa Valley program as outlined in the job description and training policies.
6. I understand that as of Spring 2010, I may choose to receive a \$200 stipend to help cover incidental coaching expenses (such as gas, child care, etc) that are in addition to the program expenses eligible for reimbursement (food and hydration at the practice 5k fun run and the end of season celebration).
  - Yes, I would like to receive the \$200 coaches stipend
  - No, I would like to donate the \$200 coaches stipend back to Girls on the Run Napa Valley

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Girls on the Run of Napa Valley Executive Director \_\_\_\_\_  
Date