Youth Basketball Head or Assistant Coach:

Thank you for volunteering for the 2026 Olivette Youth Basketball League. Your time and services are greatly appreciated, as the league could not exist without you. This letter is to inform you of upcoming meetings and activities.

We will have equipment pickup starting **Saturday, November 21st** from Five Oaks (**1200 N Warson Rd, Olivette, MO 63132**). Uniforms will come at a later date as we are getting specific sizes and will not make the order until rosters are finalized. Please inform the front desk of the head coach's name and grade level when picking up equipment. Coaches can pick up their equipment on the following days. Expected Uniform pick-up will be available on **Friday, December 18th** (date possible to change based on delivery)

The coordinator Sports Phone number is 314-313-5555 if the front desk is having trouble finding the staff.

Coaches will be emailed their final roster on **Monday, November 16th**. At that time, coaches will be allowed to contact their players. Practices can begin the week of **November 30th**. Teams will be provided with practice once during the week and one weekend practice upon request before games begin.

To help us organize everyone's practice schedule, please complete the practice request form that is enclosed and email it to wgoodin@olivettemo.com or hsimorka@olivettemo.com.

Please note the head coach's requests will receive priority during scheduling.

The City of Olivette requires all employees & volunteers to **complete a background check (**which is included) and a **copy of an ID**. Please upload the form and copy of ID to this link:
https://www.dropbox.com/request/kUAUG4YSYg817Hz9oUMd

These background checks are submitted to the Olivette Human Resources Department as soon as they are received and are not kept on file at The Center of Olivette. These forms are good for two calendar years. If you filled out a background check for the 2025 baseball or soccer seasons, you do not need to return the form.

We will have an All-Coaches Meeting on **Thursday, November 19th at 5:30 p.m. via zoom.** Please have at least one team representative present at this meeting as we will discuss the introduction of staff, league philosophy, coaching expectations, schedules, rules, and picture times, as well as discuss other league topics and answer any questions you may have. Coaches will be emailed a link 1 week in advance.

Head coaches receive 100% off the registration fee for their child and Assistant coaches receive 50% off the registration fee. Coaches may receive a refund solely for the child they are coaching.

Feel free to contact Will Goodin at wgoodin@olivettemo.com or Hannah Simorka at hsimorka@olivettemo.com.

Sincerely,

Olivette Parks and Recreation - Sports

Olivette
PARKS & RECREATION

INVESTIGATIVE REPORT- Background Check

In connection with your application for employment or volunteer requirements, we may procure an investigative report about you including information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or volunteer opportunity, before making the adverse decision, we will provide you with a copy of the investigative report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document. Upon your written request (made within a reasonable period of time), you have a right to complete and accurate disclosure of the nature and scope of the investigation requested.

AUTHORIZATION TO OBTAIN AN INVESTIGATIVE REPORT

By your signature below, you hereby authorize us to obtain an investigative report about you in order to consider you for employment or volunteer opportunity.

Applicant's Name: _____

Applicant's Street Address: _____

City/State/Zip: _____

Social Security Number: _____

Date of birth: _____

Email address: _____

Signature: _____ Date: _____

*****Please include also a copy of an ID with this form*****