

**Hillsborough County Parks, Recreation and Conservation Department
Appeal Request Form**

DRAFT 5/14/07

If you believe that the information relied upon by the Parks, Recreation and Conservation Department (Department) to deny your coaching/volunteer privileges was inaccurate, do not submit this form. Instead, contact the Department within 30 days.

If the information relied upon by the Department was accurate, but you wish to appeal your denial, please submit this form, along with supporting documents, to the Department within 30 days. Appeals will be forwarded to the appropriate organization (team, league, conference, etc.) for initial review. If the organization supports the Department's denial, the appeal process ends. If the organization recommends reversal of the Department's denial, the Department's Appeals Committee will make a final determination based solely on documentary evidence. Oral testimony from denied coaches/volunteers will not be heard by the Department's Appeals Committee.

IMPORTANT NOTIFICATIONS

1) Upon receipt by a county official, this form becomes subject to the public records laws of Florida. If you believe that your personal information is legally exempt from the public records laws of Florida, please state why (e.g., current/former law enforcement officer) _____

2) Your request for an appeal and/or you denial of coaching privileges may be publicly posted.

3) You will lose your right to appeal if the Department does not receive this form and accompanying documentation within 30 calendar days of the date you received the denial notice.

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Email (optional): _____

League/Team: _____ Season Start Date: _____

I. Please answer the following questions and attach your response to this form:

- 1) Have you participated in rehabilitation programs? If so, please describe.
- 2) What were the circumstances surrounding the incident(s)?
- 3) How much time has passed since the incident(s)?
- 4) What was the nature of the harm caused to the victim(s)?
- 5) Is there other evidence indicating that you will not have a detrimental effect on children if your coaching/volunteer privileges are restored? If so please describe.

Signature: _____ Date: _____

Mailing Address: Hillsborough County Parks, Recreation and Conservation Department, 1101 E. River Cove Avenue, Tampa, Florida 33604. ATTN: Appeals Committee.