



# ORGANIZATIONAL ACCREDITATION CHECKLIST

Initial Each \_\_\_\_\_ COMPLETE NAME OF ORGANIZATION \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_  
 or  
 Enter "N/A" \_\_\_\_\_

## EQUAL OPPORTUNITY AND NON-DISCRIMINATION PLEDGE

Our organization assures all persons an equal opportunity in all aspects of its recreational and athletic programs and activities. Our organization does not discriminate on the basis of race, color, sex, religion, national origin, age, marital status, mental or physical disability, or political affiliation.

## ACKNOWLEDGEMENT OF RECEIPT OF GUIDELINES & POLICIES

Our organization agrees to fully comply with all departmental policies, which are updated and posted on the departmental website by July 1st of each year – [www.aacounty.org/recparks](http://www.aacounty.org/recparks).

Our organization agrees to only use the updated forms found on the departmental website for facility scheduling requests, background check authorizations, sports, etc. – *old forms are not acceptable*.

Our organization agrees to initially submit all facility use applications directly to the Department of Recreation and Parks Facility Scheduling Office and not to the respective school.

Our organization has read the Department's and Board of Education's Tobacco, Drug and Alcohol Policies as stated in the Facility User Guidelines and pledges to comply fully.

## ORGANIZATIONAL ACCREDITATION SUBMISSION REQUIREMENTS

**Organizational Declaration Affidavit** (notarized) along with the required supporting documentation.

**Organizational Accreditation Profile** reflecting an updated list of all current organizational officers, commissioners and board members and a list of sponsored activities with required information.

Only those individuals on record with the Department are authorized to request the use of a public facility and changes in officers will be provided as they occur during the year.

**Proof of \$500,000 of General Liability Insurance** for commercial entities, groups engaged in religious activities or organizations engaged in physical activities. The Insurance Certificate must state:  
***Anne Arundel County Maryland, It's Officers, Agents and Employees are additional insured.***

**Assessment of Community Need** for organizations applying for its **initial** accreditation and/or **expansion** of the type of activities it sponsors (i.e. adding a sport).

**Bylaws** for our organization will be provided within three working days upon request by the Department of Recreation & Parks. *Do not submit until requested.*

Select One \_\_\_\_\_ **LEVEL OF ACCREDITATION**

**Level One Accreditation:** Our organization **does** sponsor youth activities and, therefore, will submit a Background Authorization form for **all** coaches, officers, commissioners and board members regardless of their affiliation with a County-sponsored league or activity, to include clinic leagues, travel teams, AAU activities and other teams.

**Level Two Accreditation:** Our organization offers adult activities **only** and **does not** sponsor youth activities.

*I am authorized to complete this form on behalf of our organization. I pledge to share departmental guidelines and policies with the members of our organization. I understand that knowingly signing a false statement may impact our organization's continued use of public facilities.*

PRINTED NAME OF REPRESENTATIVE \_\_\_\_\_ SIGNATURE OF REPRESENTATIVE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_