

# VOLUNTEER COACHES

## PROCESS STARTS AT YOUR SCHOOL SITE

1. Fill out volunteer coach application
2. Attach copy of clear TB test and your driver's license
3. Athletic Director or Principal must sign application
4. Turn the package into your Site office when complete



**SITE SENDS APP PACKAGE TO HR**



Human Resources will call you to set up fingerprinting



Provide a copy of current 1<sup>st</sup> Aide/CPR certificates



If you want to drive for the team, fill out the Transportation driver form (available on the District web site)

The Athletic Directors & School Principals are responsible for ensuring the coaches on the field are cleared. To be cleared all coaches must have the following on file in the HR office:

- ✓ Application (new application required every year)
- ✓ Fingerprints
- ✓ Clear TB
- ✓ 1<sup>st</sup> Aide / CPR
- ✓ Assumption of Risk Form

**AMADOR COUNTY UNIFIED SCHOOL DISTRICT**

**2021-2022 COACH APPLICATION (Volunteer, Unpaid)**

Thank you for your time and interest in being an Amador County Unified School District volunteer coach! Volunteer coaches are vital members of our sports community. As part of the pre-volunteer process, you are required to undergo a criminal background investigation and provide verification of tuberculosis screening clearance and First Aide/CPR certification. If you will be a volunteer driver for any student activities, you must also complete the "School Driver Registration Form" and fulfill the requirements of that process. Thank you for your support of our students!

**Personal Information**

Last Name	First Name	Middle Initial	Date of Birth
Address	City	State	Zip Code
Work Phone	Other Phone ( <i>please identify</i> )		E-mail
In case of emergency notify:			Phone Number
School site(s) where I will be coaching : _____			
SEASON & SPORT: _____ Who is your head coach? _____			
<b>PLEASE MAKE SURE YOU ANSWER THIS QUESTION</b>			
Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? ___Yes ___No If "yes" list on the back of this sheet all convictions including, but not limited to convictions for "driving under the influence", and convictions for sex and/or drug offenses as listed in California Education code Section 44010 and 44011.			

**Volunteer Coach Requirements**

<input type="checkbox"/> Copy of current Driver License (attach to application)
<input type="checkbox"/> TB Clearance attached – valid through: _____ ( <i>issuance date plus 4 years</i> )
<input type="checkbox"/> Copy of Current 1 <sup>st</sup> Aide/CPR Certificates
<input type="checkbox"/> Fingerprint clearance: Once we have your signed app/TB clearance, we will contact you for an appointment

I hereby certify that the information contained in the application form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer.

\_\_\_\_\_  
Signature of Volunteer Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director or Site Administrator (print& sign)

\_\_\_\_\_  
Date

*Education Code 3502 prohibits the District from allowing persons required to register as a sex offender under Penal Code 290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer conduct an automated records check pursuant to Education Code 35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code 290.4*

<p><b><u>District Office use only:</u></b></p> <p>T.B. clearance date: Fingerprint clearance dates:</p>
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<p>1<sup>ST</sup> Aide / CPR:</p>
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# AMADOR COUNTY UNIFIED SCHOOL DISTRICT

## PARTICIPATION AS A DISTRICT VOLUNTEER ASSUMPTION OF RISK - VACCINATION VERIFICATION- MEDICAL TREATMENT AUTHORIZATION

Name of Volunteer: \_\_\_\_\_

Destination: \_\_\_\_\_

(Please be specific)

Purpose of Your Attendance: (Class helper, etc.) \_\_\_\_\_

### ***DISTRICT USE-VERIFY VACCINATION CARD:*** **COVID-19 Vaccination Information:**

**Date Dose 1:** \_\_\_\_\_ **Date Dose 2:** \_\_\_\_\_ **Initial District Employee:** \_\_\_\_\_

By my signature below, I acknowledge that the activity is voluntary and verification of vaccination status for COVID -19 is required to participate. I further acknowledge this activity could lead to illness, and/or injury or death and I assume such risks. As provided in the California Education Code, Section 35330, I further agree to hold the ..... School District (District), its Board, officers, employees and agents harmless and waive any and all claims against the District arising out of or in connection with my participation in this field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

\_\_\_\_\_ (School District) has advised me that there are certain risks associated with the potential exposure to the novel Coronavirus, also known as Covid-19, and that the potential exposure to the coronavirus can be reduced, but in some circumstances is unavoidable. Working in a school setting, or being present on School District premises and/or at School District functions, may cause exposure to the Coronavirus, to me, my child or to School District employees who have contracted the Coronavirus, or to students who have contracted the Coronavirus, as well as to all visitors and other persons, who have contracted the Coronavirus. Steps will be taken by

\_\_\_\_\_ (School District) to reduce the risk of my exposure to the Coronavirus, but even with those steps there is still a risk that working on campus and interacting with employees, students and third parties, could expose me to the Coronavirus. I hereby acknowledge the risk of exposure to the Coronavirus, and I acknowledge the risk that I may contract the Coronavirus by coming on to the school district premises and interacting with employees, students and other people. I further acknowledge that allowing my child to participate in this event could also be exposed to the Coronavirus by and through these risks, and could enhance the risk of exposure to the Coronavirus to me and to other people.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address: Number Street

Work ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Kaiser)

**In the event of illness or accident, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Address: Number Street Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box.

- Instructions attached  
 No instructions attached