

AMADOR COUNTY UNIFIED SCHOOL DISTRICT

2022-2023 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: _____	
PLEASE MAKE SURE YOU ANSWER THIS QUESTION			
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: _____ (issuance date plus 4 years)
<input type="checkbox"/> Copy of Current 1st Aide/CPR Certificates
<input type="checkbox"/> Get Safety Trained Mandated Training
<input type="checkbox"/> NFHS Training
<input type="checkbox"/> Signed Risk Assumption Form
<input type="checkbox"/> Fingerprint clearance: Once we have your completed packet, 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

District Office use only:
T.B. clearance date: _____
Fingerprint clearance dates: _____

1ST Aide: _____
CPR: _____
Risk Assumption: _____
Get Safety Trained: _____

Email Sent: _____
Volunteer Sheet: _____
Google Sheet: _____
Coach Sheet : _____