

# VOLUNTEER ASSISTANT COACH APPLICATION

Sport \_\_\_\_\_

## TO BE COMPLETED BY SCHOOL PERSONNEL



Date application received:	Month _____	Day _____	Year _____
Fingerprint Clearance Received	Month _____	Day _____	Year _____
Date of Skin Test or X-Ray:	Month _____	Day _____	Year _____
Date of passing Coaching Ed. Class	Month _____	Day _____	Year _____
Date of CPR/First Aid/AED Verification	Month _____	Day _____	Year _____
Concussion Certificate	Month _____	Day _____	Year _____
Child Abuse Certificate / Training	Month _____	Day _____	Year _____
Bullying Training Form	Month _____	Day _____	Year _____

Cleared \_\_\_\_\_

Please PRINT or TYPE the following information and return to:

Administrator in Charge of Athletics

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Employee Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_

Two References (not relatives):

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Drivers' License Number \_\_\_\_\_

Education and Experience:

Grade Level Achieved \_\_\_\_\_ Foreign Language Spoken \_\_\_\_\_

Work Experiences \_\_\_\_\_

Employed? \_\_\_\_\_ If so, employed at \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Volunteers must show proof of tuberculosis clearance within six months prior to volunteering. The initial examination must consist of a Mantoux skin test. If the Mantoux test is positive, a chest x-ray will be required. Volunteers may be tested by their own physician or visit a Los Angeles County Health Center

I certify under penalty of perjury and in conformance with Education Code section 35021 that I am not required to register as a sex offender pursuant to Penal code section 290.

My Signature \_\_\_\_\_ Date \_\_\_\_\_

Head Coach's Signature \_\_\_\_\_ School \_\_\_\_\_

Principal's Signature \_\_\_\_\_