

**APPLICATION FOR VOLUNTEER COACHING
STAFFORD PUBLIC SCHOOLS**

GUIDELINES FOR VOLUNTEER COACHES

STAFFORD PUBLIC SCHOOLS

- Application for Volunteer Coaching and a valid coaching permit from the State of Connecticut have been submitted to the Director of Athletics and Recreation.
- Proof of current Adult CPR/Standard First Aid training (within one year) and a copy of the certificate of completion for concussion CEU module (15) have been submitted to the Director of Athletics and Recreation.
- A fingerprint application and DCF background check have been completed at the Human Resources Office, along with required mandated training.

I understand the following:

- A meeting with the building Principal, Athletic Director and School Superintendent is required prior to working with student athletes.
- Volunteers will work under the direct supervision of the head coach.
- Under no circumstances are athletes to be left solely with a volunteer coach.
- I am expected to abide by the Stafford Board of Education policies, CIAC rules and State of CT State Department of Education Certification regulations.
- The rejection of an application or the dismissal of a volunteer coach is at the discretion of the Athletic Director, Building Principal and/or Superintendent of Schools.
- The District does not provide workers' compensation or medical coverage to volunteers of Stafford Public Schools.

Signature

Date

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COMPLETION OF ALL ITEMS IS REQUIRED

Name _____

Address _____ Phone # _____

Availability? _____

Coaching assignment(s) requested _____

Are you eighteen years old or older? _____

Have you ever applied to or been employed by this district? _____

(If so, when) _____

Emergency adult contact _____ Phone # _____

EDUCATIONAL PREPARATION

High School _____ Location _____ Graduation Date _____

College or University _____ Location _____ Graduation Date _____

Major(s) _____ Minor(s) _____

Other e.g. courses in First Aid, CPR, etc. _____

SPORTS PARTICIPATION

High School	Years	Letter(s) earned
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_____	_____	_____
_____	_____	_____
_____	_____	_____

College or University	Years	Letter(s) earned
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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REFERENCES

1. _____
2. _____
3. _____

Give any additional information, which may reflect upon your candidacy

List any restrictions or conditions of your availability as a volunteer coach

BACKGROUND INFORMATION

Are you willing to consent to a criminal background investigation to include a check with the sex offender registry and the Department of Children and Families (DCF)? _____
Your request to be a volunteer of Stafford Public Schools is subject to a review of this information by the school district.

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer coach.

Signature _____

Date of Application _____

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DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

Coaching Permit Effective Dates: _____

CPR Effective Dates: _____

First Aid Effective Dates: _____

Assignments: _____

Effective Dates: From _____ To _____

From _____ To _____

Approval Date: _____

Name of supervising staff member: _____

“Sex Offender Registry” checked by: _____ on _____
(mandatory)

Signature of Athletic Director _____

Signature of Building Principal _____

Signature of Superintendent _____