

**SUSQUEHANNA VALLEY CENTRAL HIGH SCHOOL  
VOLUNTEER COACHES  
APPLICATION FORM**

**Personal Information**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone No. \_\_\_\_\_  
(Home) (Work)

Email address \_\_\_\_\_

What season are you volunteering for: \_\_\_\_\_

What sport are you volunteering for: \_\_\_\_\_

Please list any experience you have working with children? \_\_\_\_\_

Did you participate in organized athletics in school? \_\_\_\_\_ Where? \_\_\_\_\_

If so, which one(s)? \_\_\_\_\_

Have you ever coached any sports in the past? \_\_\_\_\_

If so, what sport(s) and age ranges: \_\_\_\_\_

Where? \_\_\_\_\_

Certifications you currently hold:

\_\_\_\_ Child Abuse & Violence Prevention Workshops  
\_\_\_\_ Teaching Certification (Date Issued \_\_\_\_\_; Subject \_\_\_\_\_)  
\_\_\_\_ NYS Coaches Certification (\_\_\_\_ Principles & Philosophies; \_\_\_\_ Health Sciences; \_\_\_\_ Theories & Techniques)  
\_\_\_\_ CPR (Expiration Date \_\_\_\_\_)  
\_\_\_\_ First Aid (Expiration Date \_\_\_\_\_)  
\_\_\_\_ Concussion Training (Date received \_\_\_\_\_)  
[www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

Have you ever been asked or directed to discontinue your coaching services? \_\_\_\_\_

If so, why? \_\_\_\_\_

(Continued)

**SUSQUEHANNA VALLEY CENTRAL HIGH SCHOOL  
VOLUNTEER COACHES  
APPLICATION FORM (Cont'd.)**

Do you prefer working with a particular age group? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Please list your hobbies and special interests \_\_\_\_\_

**Employer** List below your current and previous employers.

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	PHONE #
From:			
To:			

**Previous Employer**

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	PHONE #
From:			
To:			

**References** List below three persons (non-relatives, non-SV employees, whom you have known at least one (1) year).

NAME	ADDRESS	YEARS ACQUAINTED

Have you been fingerprinted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? (felony or misdemeanor) \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_

**Emergency Information** In case of emergency, please notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize Susquehanna Valley School District to contact the above references. I also consent to providing my fingerprints to the District so that it can perform a criminal background check. I agree to sign any further documents necessary. The purpose is to obtain information on my work history, work record, and/or personal background for the purpose of becoming a volunteer coach in the Susquehanna Valley School District. I understand this is a general release and give my authorization for this type of release.

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

\*\*\*\*\*

**DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

Fingerprinting Clearance	Yes [ ]	No [ ]
Approved [ ]	Not Approved [ ]	

**SUSQUEHANNA VALLEY HIGH SCHOOL  
RULES FOR VOLUNTEER COACHES**

- 1) You are expected to conduct yourself in a professional manner both on and off the athletic field in all dealings with players, officials, spectators, and parents.
- 2) Under no circumstances should you use profanity.
- 3) Under no circumstances will any player be abused physically or emotionally.
- 4) Under no circumstances will you smoke or drink alcohol in the presence of players during practice sessions or games. Nor will you condone the use of tobacco or alcoholic beverages.
- 5) You are expected to have knowledge of the athletic training skills being taught and developed. But for the players' safety, you should seek direction from the head coach and never treat an athletic injury without the head coach's direction. You must report immediately to the head coach any players' injuries, or dangerous conditions witnessed during practice. You should familiarize yourself with the locations of: First Aid Kits, Safety Equipment, and the location of the nearest phone in case of emergency.
- 6) You should not allow an athlete to practice without proper safety equipment. Additionally, you should make periodic inspections of the equipment for safety purposes.
- 7) You should refer all parent and media questions to the head coach. Information concerning students may be confidential and therefore, you should not share such information with non-school personnel without authorization from the head coach.
- 8) You fall under the supervision of the head coach and are present to support the supervisory and logistical needs of the team.
- 9) You should make every effort to keep visitors, parents, and bystanders out of harm's way during practice. Additionally, you should keep the practice area free of excess gear and equipment in an effort to prevent injury.
- 10) You must abide by and follow all applicable board of education policies and rules including but not limited to nondiscrimination, sexual harassment, corporal punishment, and confidentiality of student records.
- 11) You will indemnify and hold harmless the Susquehanna Valley School District, its officers, employees, and agents from any and all claims, losses, expenses, fees (including attorney fees), costs, damages, and judgments that arise out of your activities as a volunteer coach.
- 12) You will immediately report to the Director of Athletics if you are arrested or convicted of any violation, misdemeanor or felony.

I \_\_\_\_\_, have read these rules and understand how they relate to me in my capacity as a volunteer coach and agree to abide by them.

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