

6003.2

PERSONNEL UNPAID (VOLUNTEER) COACH APPLICATION FORM

VOLUNTEERS WHO ASSIST IN THE CAPACITY OF A VOLUNTEER (UNPAID) COACH

	Street Address:		
City:	State:		
Home Number:	Cell Number:		
E-mail Address:			
Sport/ Interest:		Level:	
 Abide by the District's Code Discuss any concerns about Be certified (CPR, First Aid The cost for pursuing these Superintendent of Schools of I hereby affirm that I have no critical contents. 	requirements will be assumed by the volunteermine the need for the volunteer justified	oach and/or Athletic Director; teer unless both the Athletic Director and the st the district sharing some of those costs. oral character. I authorize the District to contact	
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
I attest that the information provoutlined. I understand that my s	ided in this volunteer application is true an	d correct and agree to abide by the expectations tout cause. As a coach volunteer I will pursue a	
I attest that the information provoutlined. I understand that my stemporary coaching license world	ided in this volunteer application is true an ervices may be terminated at any time with	d correct and agree to abide by the expectations tout cause. As a coach volunteer I will pursue a	
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Morrisville-Eaton Central School District

Approved by the Superintendent: 11/17/14, 11/22/19