

# Regulation

COMMUNITY RELATIONS

6201.1

## APPLICATION FOR VOLUNTEER COACHES

Personal Information

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

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Phone No.: \_\_\_\_\_

(Home)

(Work)

Social Security Number: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

**General:** What volunteer services are you willing to perform? \_\_\_\_\_

**Employer:** List below your current or last employer.

DATE, MONTH and YEAR	NAME and ADDRESS of EMPLOYER	POSITION
From:		
To:		

**References:** List below three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS ACQUAINTED

Emergency Information

In case of emergency, please notify:

(Name)

(Address)

(Phone)

My signature below

1. Permits the Central Valley Central School District to contact any or all references listed if necessary.
2. Indicates that I have received and read Central Valley Central School District's Code of Conduct and Policies provided to me.

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

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

\*\*\*\*\*

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

\_\_\_\_\_  
(Signature of Coach/Supervisory Staff)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent

Approved: [ ]

Not Approved: [ ]

Central Valley Central School District

Approved by the Superintendent: 03/16/22