## NEW HAMPTON COMMUNITY SCHOOL DISTRICT VOLUNTEER COACHES APPLICATION

Please fill in all blanks or circle yes/no. If information required is not applicable, please fill in by placing an N/A in that blank. Please make copies (keep originals) of all materials that you submit.

Application Date:		Date Available:	
Name:		Social Security #	
Address:		City/State/Zip:	
Home Phone:		Work Phone:	
another state? Yes	, ,	a copy of license	hing Certificate or a license from or list date you applied including
Have you ever had a under investigation		•	re you currently or have ever been ntract terminated? Yes No
If yes, please explai	in (include dates):		
With or without rea required of this posi	isonable accommodation are you	ou able to perform	the essential job functions
If no, please explair	n:		
Required Inforn	mation		
Have you ever been	n charged, admitted to, plead no uding traffic violations)? <b>Yes</b>		e been convicted of a felony or
If yes, please provid	de date, incident, city (county)/	state of charge:	
Are you listed on a	sex offender registry? Yes N	0	
Are you listed on th	ne Department of Human Servi	ces' Child Abuse F	Registry? Yes No
•	minal complaint, or any other vouse, sexual harassment or phy		e ;
Please explain:			
	ninated your employment or ha allegations of sexual abuse or p	• •	t terminated for reasons relating to es No
Please explain:			
U. S. Citizen? Yes	No Are you legal!	y eligible to work	in the United States? Yes No

PLEASE NOTE: Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

**Education** (Please list your education, starting with the most recent - place additional on back):

College/Universit High School/Atte		Location	Degree/Major/ Minor Fields	Add'l Hours	Dates Attended/ Graduated
he most recent - p	lace addition	onal on a separate	ng experiences for the sheet): If the work l phone number of the	pelow incl	ludes student or
Employer:			Dates Employed		
			Dates Employed  City/State/Zip:		
Address:					
Employer: Address: Position: Duties/Responsibili			City/State/Zip: Supervisor's		
Address:  Position:  Duties/Responsibili  (Include extra-curri	cular)		City/State/Zip: Supervisor's		
Address: Position: Duties/Responsibili	cular)		City/State/Zip: Supervisor's		
Address: Position:  Duties/Responsibilition Include extra-currication Reason For Leaving	cular)		City/State/Zip: Supervisor's Name/Phone:		

Reason For Leaving:

			yment – place additional references for all contract teaching assignments.
Reference's Name:		Phone Work/Home	e:
Address:		City/State/Z	iip:
Relationship:			
Reference's Name:		Phone Work/Home	e:
Address:		City/State/Z	iip:
Relationship:			
Reference's Name:		Phone Work/Home	p:
Address:		City/State/Z	iip:
Relationship:			
complete. Any m disqualification of th that prior to acceptan and the child abuse re	isrepresentation or willfulis application. I authorize ce as a volunteer, a criminal egistry will be done.	l omissions of verification of a l background cho	ny knowledge, is true, accurate and fact shall be sufficient cause for any of this information. I understand eck, including the list of sex offenders nation concerning my background.
I also understand th	at according to all individu	uals who volunte	eer may be asked to produce certain heir legal authorization to work in the
Signature:		Date:	

Please return to: New Hampton Community Schools, Superintendent's Office, 710 Main Street, New Hampton, IA 50659. 8/6/04