

COACHING/VOLUNTEER APPLICATION
ST. CLAIRSVILLE HIGH SCHOOL AND MIDDLE SCHOOL

TO: Mr. Kelly Rine
Athletic Director

Mr. Walter E. Skaggs
Superintendent/H.S. Principal

Mr. Mike McKeever
M.S. Principal

I, _____, would like to apply for the position of
_____ for the 20__-20__ school year as a
____ Volunteer or ____ Paid Position

Home Address: _____

Phone Number(s): Home _____ Cell: _____ Work: _____

Email Address: _____

Checklist:

____ Pupil Activity Validation Certification – Expiration Date _____

____ CPR & AED Certification – Expiration Date _____

****If any certification expires before the end of your season, you must recertify prior to the expiration date.**

____ BCI and FBI ____ Copy of Driver's License ____ Copy of Social Security Card

***ALL PAPERWORK MUST BE COMPLETED PRIOR TO BOARD APPROVAL**

Applicant's Signature

Date

I would like to recommend the above applicant for the above coaching position.

Mr. Kelly Rine, Athletic Director

Date

Building Principal

Date