



ST. CLAIRSVILLE SCHOOLS COACHING/VOLUNTEER APPLICATION



NAME _____ SCHOOL YEAR _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

SPORT & POSITION _____ PAID _____ VOLUNTEER _____

CERTIFICATIONS:

*Certificates of Completion **MUST** be on file in the Administration Building **PRIOR** to Pupil Activity Permit approval.*

BACKGROUND CHECK

BCI Date _____

FBI Date (Valid for 5 years) _____

FUNDAMENTALS OF COACHING (One-time training)

Date of Completion _____

FIRST AID FOR COACHES-ONLINE (Valid for 2 years)

OR FIRST AID CLASS (Valid for 3 years)

Date of Completion _____

CPR & AED CERTIFICATION (Valid for 2 years)

Expiration Date _____

CONCUSSION COURSE (Valid for 3 years)

Date of Completion _____

SUDDEN CARDIAC ARREST COURSE (Valid for 1 year)

Date of Completion _____

*If any certification expires before the end of your season, you must recertify **prior** to the expiration date.
Failure to do so will result in the holding of your paycheck.*

PUPIL ACTIVITY PERMIT (Issued by the Ohio Department of Education)

Expiration Date _____

_____ COPY OF DRIVER LICENSE

_____ COPY OF SOCIAL SECURITY CARD

APPLICANT'S SIGNATURE

DATE

ATHLETIC DIRECTOR'S SIGNATURE

DATE

SUPERINTENDENT'S SIGNATURE

DATE

Revised: 4/16/2018

All paperwork must be completed prior to Board Approval.