

**CONNELLSVILLE AREA SCHOOL DISTRICT  
APPLICATION FOR VOLUNTEER COACHING**

Completion of all items required

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

When available? \_\_\_\_\_

For which volunteer coaching assignment are you applying? \_\_\_\_\_

Have you ever applied to or been employed by the district? \_\_\_\_\_

If so, when? \_\_\_\_\_

EDUCATIONAL PREPARATION

High School \_\_\_\_\_ Location \_\_\_\_\_ Graduation Date \_\_\_\_\_

Continuing Education \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Area of continuing education \_\_\_\_\_

Other e.g. courses in First Aid, CPR emergency, etc. \_\_\_\_\_

SPORT PARTICIPATION

High School	Years	Awards/Accomplishments
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College/University	Years	Awards/Accomplishments
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RELATED EXPERIENCES (sports, recreation, coaching, etc.)

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Please provide any additional information which elaborates your skills or knowledge as a candidate.

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List any restrictions or conditions of your availability as a volunteer coach.

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My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer coach.

Signature\_\_\_\_\_

Date of Application\_\_\_\_\_

The applicant must attain the following documents:

1. A letter of recommendation from the Head Coach of the team you wish to be a volunteer coach.
2. Have a valid (dated within the past year, from date of application) Act 34 and Act 151 clearance. The above clearances are required for the initial application and good for consecutive years of service. If you do not volunteer coach for a year then wish to return you will be required to attain a new Act 34 and Act 151 clearance.
3. Return completed application, the Head Coach's letter of recommendation and Act 34 and Act 151 clearances to the Senior High Athletic Director, Mr. James J. Lembo.
4. Each applicant will receive a copy of the Connellsville Area School District Volunteer Coaching Policy.

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DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

Assignment\_\_\_\_\_

Effective Dates: From\_\_\_\_\_ To\_\_\_\_\_

Approval Date\_\_\_\_\_

Building Principal\_\_\_\_\_ Approval \_\_\_\_\_ Disapproval