

# BUCKEYE VALLEY LOCAL SCHOOLS

Athletic Department, 901 Coover Road, Delaware, OH 43015

- CERTIFIED STAFF MEMBER
- CLASSIFIED STAFF MEMBER
- NON-STAFF OR ESC STAFF MEMBER

## SUPPLEMENTAL & VOLUNTEER RECOMMENDATION FORM

GENERAL										
<b>Position / Volunteering for</b>								<b>School Year</b>		
<b>Building(s)</b>				<b>Season (select one)</b>		<input type="checkbox"/> All Year <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring				
<b>Position Type (select one)</b>		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer - Athletic <input type="checkbox"/> Volunteer – Overnight Trip <input type="checkbox"/> Other _____								
<b>Contract (select one - paid positions only)</b>				<input type="checkbox"/> Full		<input type="checkbox"/> Split (    %)		<input type="checkbox"/> Booster Paid (    %)		
<b>Applicant</b>	<i>First Name</i>			<i>Middle Initial</i>		<i>Last Name</i>				
<b>Address</b>					<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>					<b>Email</b>					
Did you work or volunteer for this BVLS sport or activity last year? <input type="checkbox"/> Yes <input type="checkbox"/> No										
PAID POSITIONS ONLY										
Do you have prior paid experience with BUCKEYE VALLEY for the position being recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Do you have prior paid experience with another district(s) for the position being recommended? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No total years										
<b>Note:</b> If you have never been recommended for this position with Buckeye Valley and answered “yes” to the above, please submit written documentation of prior paid experience from the previous district(s) or employer(s) to the Buckeye Valley Athletic Department. Documentation to support prior paid experience must be received prior to recommendation and approval by the Board of Education. Documentation of experience received by Buckeye Valley after Board approval will be considered for the following “like” season.										
ACKNOWLEDGEMENT										
My signature below indicates that I fully understand that I will not be approved to work with students/athletes for which I am being recommended until I have submitted to, and have positive results confirmed by the Athletic Department and/or school office for all required paperwork. Approval of this recommended position specifically conditioned on and subject to successful background checks, receipt and final administrative review of all application records, and receipt of all required documentation. If this position requires a Pupil Activity Permit, I understand that all required certifications and receipt of a Pupil Activity Permit issued by the Ohio Department of Education and all required documentation must be on file with the Buckeye Valley Athletic Department prior to working with students/athletes or paid the supplemental contract (if applicable).										
Signature – Applicant				Date		Authorized Signature (Building Principal, Athletic Director or Supervisor)				Date
OFFICE USE ONLY										
BOE Date		Approved _____						<b>RECEIVED BY OFFICE ON DATE STAMPED ABOVE</b>		
Group		Denied _____ Why _____								
Step										
Amount										

**For Athletics, please contact Athletics@mybvls.org with any questions regarding this recommendation or required paperwork. For all other volunteers, please contact Vickie Ritchie at 740-369-8735 or VRITCHIE@mybvls.org.**