

VOLUNTEER ASSISTANT COACH APPLICATION

Sport _____

TO BE COMPLETED BY SCHOOL PERSONNEL



Date application received:	Month _____	Day _____	Year _____
Fingerprint Clearance Received	Month _____	Day _____	Year _____
Date of Skin Test or X-Ray:	Month _____	Day _____	Year _____
Date of passing Coaching Ed. Class	Month _____	Day _____	Year _____
Date of CPR/First Aid/AED Verification	Month _____	Day _____	Year _____
Concussion Certificate	Month _____	Day _____	Year _____
Child Abuse Certificate / Training	Month _____	Day _____	Year _____
Bullying Training Form	Month _____	Day _____	Year _____

Cleared _____

Please PRINT or TYPE the following information and return to:

Administrator in Charge of Athletics

JOHN F. KENNEDY HIGH SCHOOL

First Name _____ **Last Name** _____

Address _____

City _____ Zip Code _____ **Phone** _____

Email Address _____ Birth Date _____

Social Security Number _____ **Employee Number** _____

Signature _____ Date _____

In case of emergency, please call: _____

Two References (not relatives):

1) Name _____ Phone _____

2) Name _____ Phone _____

Drivers' License Number _____

Education and Experience:

Grade Level Achieved _____ Foreign Language Spoken _____

Work Experiences _____

Employed? _____ If so, employed at _____

Volunteer Experience _____

Volunteers must show proof of tuberculosis clearance within six months prior to volunteering. The initial examination must consist of a Mantoux skin test. If the Mantoux test is positive, a chest x-ray will be required. Volunteers may be tested by their own physician or visit a Los Angeles County Health Center

I certify under penalty of perjury and in conformance with Education Code section 35021 that I am not required to register as a sex offender pursuant to Penal code section 290.

My Signature _____ Date _____

Head Coach's Signature _____ School _____

Principal's Signature _____

This form is to be kept on file at the school

LAUSD Only: For Fingerprinting, (213) 241-6591 or (213) 241-6140