

VERIFICATION OF EXTRA CURRICULAR HIGH SCHOOL EXPERIENCE

NAME _____

SS# _____

SCHOOL NAME _____ From _____ To _____

POSITION	YEARS EXPERIENCE VERIFIED BY PERSONNEL OFFICER	POSITION	YEARS EXPERIENCE VERIFIED BY PERSONNEL OFFICER
ACADEMIC SPONSOR		GOLF	
ATHLETIC DIRECTOR		LITERARY COORD	
BAND AUXILIARY		NEWSPAPER	
BAND DIRECTOR		ROTC DRILL COLORS	
BAND DIRECTOR, ASSISTANT		SOCCER, HEAD BOYS	
BASEBALL HEAD		SOCCER, ASSISTANT BOYS	
BASEBALL ASSISTANT		SOCCER, HEAD GIRLS	
BASEBALL 9 TH		SOCCER, ASSISTANT GIRLS	
BASKETBALL HEAD, BOYS		SOFTBALL, HEAD	
BASKETBALL ASSISTANT, BOYS		SOFTBALL, ASSISTANT	
BASKETBALL, 9 TH BOYS		SWIMMING, HEAD	
BASKETBALL HEAD, GIRLS		SWIMMING, ASSISTANT	
BASKETBALL ASSISTANT, GIRLS		TENNIS, BOYS	
BASKETBALL, 9 TH GIRLS		TENNIS, GIRLS	
CHEERLEADING, VARSITY		TRACK, HEAD BOYS	
CHEERLEADING, ASSISTANT		TRACK, ASSISTANT BOYS	
CHORUS		TRACK, HEAD GIRLS	
CROSS COUNTRY		TRACK, ASSISTANT GIRLS	
CROSS COUNTRY, ASSISTANT		VOLLEYBALL	
DANCE TEAM		VOLLEYBALL, ASSISTANT	
DEBATE TEAM		WILDCARD	
DRAMA		WRESTLING, HEAD	
FOOTBALL, HEAD		WRESTLING, ASSISTANT	
FOOTBALL VARISTY COORD		YEARBOOK	
FOOTBALL, ASSISTANT		OTHER	
FOOTBALL, 9 TH			

I certify that the information and the verification of extra curricular experience listed above is complete and accurate according to the official records on file in this school system.

Name of System _____

Address _____

Telephone Number _____

Signature of Personnel Officer

Date

RETURN FORM TO:

WALTON COUNTY SCHOOLS
200 Double Springs Church Road
Monroe, GA 30656
770-266-4520
Fax 770-266-4415