

Conneaut School District
219 West School Drive
Linesville Pennsylvania 16424
Telephone: 814-683-5900

***Volunteer
Coach***

Supplemental Position Information Sheet

1. Name _____
2. Address _____ City _____ State _____ Zip Code _____
3. Home Telephone Number _____ Cell Number _____
Work Telephone Number _____ Email Address _____
4. Who/what is your present employer/employment? _____
5. Sport you wish to coach: _____
6. Why are you interested in volunteering this sport? _____

7. What are your qualifications to coach this sport/coaching skills you bring to this sport? _____

8. All individuals who work with children in the State of Pennsylvania must secure a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse History Clearance through the Department of Public Welfare and a Federal Criminal History Record Check.

Do you hold current background checks:

--- (Please answer yes or no) ---- _____ PA State Police Criminal Record Check Act 34
_____ PA Child Abuse History Clearance – Act 151
_____ Act 126 (Mandated reporter training) _____ FBI Fingerprint - Act 114

9. CPR Certification Current ___ No ___ Yes if yes, expiration date _____

10. Approvals

Principal

Date

Superintendent

Date

Date of Board Approval ___/___/___

**Please Fill
out Reverse
Side**

VOLUNTEER COACH
Conneaut School District
SUPPLEMENTAL CONTRACT REQUEST

Please add the following name :

For the position of: _____
Boys or Girls

School: _____

Volunteers Address:

Street _____

City _____, State _____ Zip Code _____

For Central Office use Only:

Clearances viewed Act 34 _____ (date) _____ (already on file)
 Act 151 _____ (date) _____ (already on file)
 Act 114 _____ (date) _____ (already on file)
 Act 126 _____ (date) _____ (already on file)

CPR : Yes _____ (date) No _____

Form must be submitted to the Superintendent's Office