



Swallows Charter Academy K-12

SCA (K-8)
278 S. McCulloch
Pueblo West, CO 81007
719-547-1627

SCA (High School)
101 Civic Center Drive
Pueblo West, CO 81007
719-547-7230

Coach Application

PERSONAL INFORMATION:

Full Legal Name: _____

Date of Birth: _____

Other Names (maiden, alias, etc.): _____

Phone Number _____ Cell _____

Home Address: _____

Mailing Address if different: _____

EDUCATION AND OCCUPATION:

High School Name/Graduation Year: _____

College Name: _____ Degree: _____

Occupation (title, company): _____

COACHING:

Position Desired : _____

Reason for applying:

PREVIOUS EXPERIENCE:

Instructional Leadership of Children (explain):

Coaching Education:

CPR Certified: _____ Expires: _____

First Aid Certified: _____ Expires: _____

* Please provide copies of the cards*

Have you coached this sport? Yes No Number of years: _____

Have you officiated this sport? Yes No Number of years: _____

What other sports have you coached?

Sport	Year(s)	Age Level	Agency
_____	_____	_____	_____
_____	_____	_____	_____

Do you have children in this program Yes No

If yes, please list their names: _____

Have you ever been refused participation in any youth sports program? Yes No

If yes, please explain: _____

Why are you qualified to coach?

REFERENCES (provide 3 non relatives):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Swallows Charter Academy Athletic Department

It is critical that the SCA Board maintains the safety of all the children in our program. To that end, your signature below gives SCA and/or its agent direct authorization to conduct a background check for the sole purpose of determining eligibility to participate as a coach/volunteer with SCA. It is our policy to preserve the privacy of all our coaches/volunteers. No information will be shared with any other organization. Additionally, adverse information will be shared within the board on a mission critical basis only.

The investigation will include, but is not limited to, a Social Security # verification, name verification, county criminal history, statewide criminal history, national criminal history, and sex offender registrations information.

Full Legal Name: _____

Maiden name or other names used: _____

Social Security Number (for ID purposes only) _____

Date of Birth (for ID purposes only) _____

I _____ hereby authorize without reservation, Swallows Charter Academy and the directors, officers, employees, and agents of the foregoing, and any party of agency contracted by above named organization and their directors, officers, employees, and agents, to obtain information relating to my criminal history record. I understand that the criminal history record, as received from reporting agencies, may include arrest and conviction data as well as plea bargain and deferred adjudications. Contact may be made with law enforcement agencies, government agencies, and state level agencies to provide any information concerning my background and to furnish information to SCA or its agents. I release and hold harmless all parties involved for any errors and/or omissions with regard to information reported. I understand that any errors and/or omissions will be investigated thoroughly until resolved. I understand that this information will be used, in part, to determine my eligibility to be a coach for SCA. I also understand that as long as I remain a coach for SCA, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review my criminal history records check information and that a procedure is available for clarification, if I dispute the record as received from the reporting agency. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Swallows Charter Academy and each of their officers, directors, and agents harmless from and against any and all cases of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a coach/volunteer for Swallows Charter Academy.

This authorization and consent shall be valid in original, fax, or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Printed Name: _____

Signature: _____ Date: _____