



OXNARD UNION HIGH SCHOOL DISTRICT
VOLUNTEER PERMISSION/COACHING FORM

Paid Coach¹
 Volunteer Coach
 Athletic Trainer
 Other Type: _____

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Athletic Director/Assistant Principal: _____ Phone: _____

School Site: _____ Sport (If applicable): _____

PLEASE READ THE FOLLOWING SECTIONS CAREFULLY:

The non-certificated person selected is at least 21 years of age.

PROOF OF COMPLETION OF THE ITEMS LISTED BELOW MUST BE ATTACHED TO THIS FORM WHEN SUBMITTING IT TO THE DISTRICT OFFICE.

Category	Driver's License	Social Security Card
Volunteer Coach	X	
Paid Coach	X	X
Chaperone	X	
Student Teacher	X	
Athletic Trainer	X	

COACHING REQUIREMENTS:

- Valid First Aid Card | Expiration Date: _____
- Valid CPR Card | Expiration Date: _____
- Valid AED | Expiration Date: _____
- Valid Water Safety Training for Coaches Card (Water Polo & Swimming Coaches) | Expiration Date: _____
- Concussion Management Training (NFHS) | Date Completed: _____
- Heat Illness Training | Date Completed: _____
- Sudden Cardiac Arrest (NFHS) | Date Completed: _____
- National Federation of High Schools Coaching Principles (NFHS) (Interscholastic Coaches) | Date Completed: _____
- AACCA Certification (Cheerleader Advisors) | Date Completed: _____

1 For Paid Coaches, an employment packet must be submitted to be paid.

REQUIRED ONLINE TRAININGS:

- Suicide Prevention | Date Completed: _____
- AB1913- Section 1: Mandated Reporting | Date Completed: _____
- AB1913- Section 2: Professional boundaries | Date Completed: _____
- AB1913- Section 3: Risk Factors | Date Completed: _____
- Preventing Sexual Harassment: Students | Date Completed: _____
- Workplace Violence (EDU) | Date Completed: _____
- Bloodborne Pathogen Safety Training | Date Completed: _____
- School Violence and Weapons (EDU) | Date Completed: _____
- Prevail! For Middle and High Schools | Date Completed: _____
- Training - Introduction to Workplace Violence Prevention Plan | Date Completed: _____
- Body Language Indicators of Concealed Armed Persons | Date Completed: _____
- Proof of Freedom of Tuberculosis (TB Test) | Date Completed: _____

I have read the conditions of the Volunteer Permission/Coaching Form and concur with the conditions set forth by the Oxnard Union High School District.

Signature of Applicant

Signature Principal/Administrator

Signature of Athletic Director

Date

CONDITIONS

1. All coaches and volunteers performing tasks must have approval of the Oxnard Union High School District.
2. Volunteer Help is defined as those in positions in which adults are performing duties without compensation for example: unpaid coaches, classroom aides, advisors, etc.
3. Prior to assuming a volunteer or coach position to work with students in a district-sponsored student activity, a volunteer must submit proof of freedom from Tuberculosis (TB).
4. Prior to assuming a volunteer or coaching position working with students in a district-sponsored activity, a volunteer or coach must obtain Live Scan clearance.
5. All accidents/injuries must be reported immediately to the supervisor of the applicant.
6. The volunteer, coach or student teacher does not have the legal right or responsibility to act on behalf of an assigned certificated staff member regarding instructional matters.
7. Although volunteers and coaches can provide regular services to students, they are required to be supervised at all times.
8. Volunteers and Coaches are to refer all discipline situations or problems to staff.
9. A new form must be submitted if the volunteer's services substantially change.
10. Approved Volunteers and Coaches are not employees of the Oxnard Union High School District and are not entitled to medical insurance provided to employees.
11. Volunteer's and Coach's assignments may be terminated if service is unsatisfactory or no longer needed by the school district at any time.

OFFICE USE ONLY

- The District has first determined that the non-certificated person has not been convicted of any offense referred to in E.C. Section 44940 or any other offense involving moral turpitude or evidencing unfitness to associate with children. **LIVESCAN CLEARANCE MUST BE RECEIVED PRIOR TO INDIVIDUAL PROVIDING SERVICE OR HAVING CONTACT WITH STUDENTS.**
- The District has on file a medical verification that the non-certificated person is free from Tuberculosis and any other contagious diseases.
- Verification that the candidate is at least 21 years of age.

Human Resources Staff

Date