

Oconto Unified School District

Volunteer Coach Application - Information Sheet

2018-19 School Year

I am interested in being a coach volunteer for:

_____ **High School** _____ **Middle School**

Name: _____

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

Phone: _____ E-Mail: _____

I am interested in becoming a volunteer coach for:

- | | | |
|--------------------|-------------------------|------------------------|
| _____ Football | _____ Volleyball | _____ Cross Country |
| _____ Girl's Golf | _____ Girl's Basketball | _____ Boy's Basketball |
| _____ Wrestling | _____ Baseball | _____ Boy's Golf |
| _____ Softball | _____ Track | _____ Dance Team |
| _____ Cheerleading | _____ Drama | |

Emergency Information

Important: It is essential that all information be provided for the school. Please provide all information requested. All information is confidential and will not be released without permission. This information will be retained for the current school year only. We **MUST** have **two** phone contacts listed.

Emergency Contacts: Please list **two** emergency contact.

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____

Medical Information: Please list any health conditions that the school should be aware of?

Name of the doctor that you prefer: _____ Phone: _____

If emergency treatment or transportation is required and next of kin cannot be reached immediately, may school authorities use their judgment in calling an ambulance and the doctor listed above, or an alternative, if your preferred doctor is unavailable?

Yes _____ No _____ If No, please explain: _____

Signature

Date

Expectations and Requirements for Volunteers

Anyone interested in volunteering is required to complete the Application/Volunteer form, and Volunteer Disclosure form. These forms must be completed and on file prior to commencement of service. Failure to provide accurate information will result in immediate dismissal.

As a volunteer, you are to **maintain total confidentiality** regarding each student and family.

If you suspect some form of child abuse, observe evidence of child abuse or the student reports that some form of abuse has taken place; you **must** report that information to the school Principal or Athletic Director **immediately**.

Photographs shall not be taken of students without written consent from the child's guardian or parent nor shall any student pictures be posted on social networking websites such as Facebook, Snapchat, Instagram or Pinterest.

Please refer to Policy 4120.09 - Volunteers.

Signature

Date

Approved By

Date

Volunteer Coach Disclosure Form

For the safety and security of our students, an authorization to conduct a criminal background check is required of volunteers who will be working directly with students. This information will be requested on a yearly basis and will be stored confidentially at the Oconto Schools District Office. Building administrators retain the authority to approve all school volunteers and the tasks they perform in the school.

All requested information **must** be provided. Please print clearly.

Name: _____
Last First MI

Soc. Sec. # _____ Date of Birth _____

Other names used (i.e. Maiden name): _____

I hereby give consent to the Oconto Unified School District to conduct a criminal background check.

Signature

Date

For Office Use Only:

Background Check run on: _____

By: _____

____ Approved ____ Denied

**If denied, attach copy of background check.
