



AMANDA-CLEARCREEK LOCAL SCHOOLS

Office of the Superintendent
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VOLUNTEER COACH APPLICATION with RECOMMENDATION AND RELEASE

Volunteer Name _____ Date _____
(Please Print)

Address _____ Phone(s) _____
(Street Address, City, State, and Zip)

School _____ School Year _____

Sport _____ Principal _____

Please provide email address _____

I understand the responsibilities of a volunteer coaching position and further state that by virtue of previous training and/or experience I am competent to direct, supervise, or coach in this position. I have knowledge of the health and safety-related aspects of the sport for which the volunteer coaching position is being sought. I also have knowledge of the applicable rules and regulations established by the Amanda-Clearcreek Local School District Board of Education.

I understand that I must have successfully completed and hold a current certificate, license, or permit in the following areas to become a volunteer coach for the Amanda-Clearcreek Local School District:

- current CPR certification issued by a licensed provider
- successful completion of an approved First Aid and/or Sports Health and Safety program, fundamentals of coaching and the
- class concerning concussions; and any other requirements as required by federal or state law, and/or administration
- sudden cardiac arrest certificate, required annually
- a current Pupil-Activity Permit issued by the Ohio Department of Education

I have not been convicted of any offense that would disqualify me from employment in the public schools of Ohio. I understand that I must submit to a criminal records check (both Ohio BCII and FBI) and that the results of such checks must be sufficient for employment under Ohio law and otherwise satisfactory to the Board of Education before I am permitted to be involved in coaching activities.

I understand and agree that I will be serving as a volunteer, not as an employee of the Amanda-Clearcreek Local School District. I further understand and agree that I will not have any right to the compensation or benefits provided to District employees, and that I must be responsible for my own expenses incurred while serving as a volunteer.

I understand that I may not accept compensation or gifts from a booster organization or any other third party for my services to the District as a volunteer. I further agree that I may not in any way, while serving as a volunteer, promote an athletic camp or any other outside activity which is conducted for profit and with which I or a family member is associated in some capacity.

I agree to comply with all rules of the Ohio High School Athletic Association, the Ohio Capital Conference, and the Amanda-Clearcreek Local School District Board of Education. I further

agree to participate in any required training programs or seminars as determined by the Board of Education concerning the health and safety of participants or rules and procedures for any activity or program.

I understand that serving as a volunteer coach carries certain risks of injury which are common to all sports involving vigorous physical activity. I am familiar with the risks associated with coaching this sport and I fully accept those risks, including the risks associated with transportation to and from practices, competitions, and related activities. Furthermore, in consideration of allowing me to serve as a coaching volunteer, I hereby release any and all claims for injury which I might sustain as a result of, or connected with, my service as a coaching volunteer for the Amanda-Clearcreek Local Schools, and accordingly hold harmless the District and all of its officers, employees, or agents, past and present.

I understand that as a volunteer the District has no obligation to provide coverage through the Ohio Workers' Compensation system or through any other form of insurance coverage.

Volunteer Coach Signature _____ Date _____

I recommend the above-named person as a volunteer _____
coach for the 20____ - 20____ school year. (level and type of sport)

Principal's Signature _____ Date _____

Athletic Administrator Signature _____ Date _____

For District Office Use Only (if applicable):

Applicant has current pupil activity supervisors' permit on file? _____ Yes _____ No

Applicant has current CPR certification on file? _____ Yes _____ No

Applicant has completed the Fundamentals of Coaching Class _____ Yes _____ No

Applicant has completed the Concussion Awareness Class _____ Yes _____ No

Applicant has Sudden Cardiac Arrest Certificate _____ Yes _____ No

Applicant has Fingerprint Reports on File _____ Yes _____ No

Other _____ Yes _____ No

Comments _____

Staff Verification Signature _____ Date _____

Revised: 2/10, 11/13, 6/18