Calaveras Unified School District
3304-B Highway 12
P.O. Box 788
San Andreas, CA 95249
(209) 754-2300
www.calaveras.k12.ca.us

Personnel Office

APPLICATION & CHECKLIST FOR TEMPORARY ATHLETIC COACHES QUALIFICATIONS

TITLE 5 of the California Code of Regulations established specific requirements for individuals hired to supervise or instruct interscholastic athletic activities. The following information will help the district assess and document you compliance with the requirement.

__ Volunteer Coach
__ Paid Coach

Coach Name: _____

Has this person been a volunteer or paid coach for CUSD before? ___Yes ___No
(Please verify with Personnel Dept., 754-2304) Date Verified: _____

If they are new:

Volunteer coach: Send to Personnel for Livescan and TB Clearance prior to start of volunteer duties.
Paid coach: Send to Personnel for completion of hire documents, including Livescan and TB Clearance, prior to beginning coaching duties. Ask the applicant to bring their Driver's License and Social Security card for Federal Form I-9 documentation and Livescan.

You will receive a written notice from the Personnel Department to notify you whether or not the applicant has been cleared to begin their coaching/volunteer duties. Under no circumstances shall an applicant begin working with students until such notice has been received.

School Site: _____ Sport: _____
For CHS: Varsity JV Frosh
For TMS or Elem: Grade_____
___Boys____Girls

Coach Name: _____Telephone:_____

Address: _____
(Mailing) (Physical)

1. Fingerprinting/Livescan (Personnel Dept. will complete)

   Date Applicant was provided Livescan Form: _____

   Date of Livescan: _____ ATI#_____

   Clearance __ Yes __ No

   _____
   (Personnel approval)

2. Free from Contagious Disease

   TB Test Date: _____ Expiration Date: _____
   (attach a copy) (good for four years)

   If the applicant does not have a TB Clearance or if their clearance has expired, send to the Personnel Department for a voucher to have TB test administered

Qualifications

1. Prevention of Injuries/First Aid/CPR

   CPR Expiration: _____

   First Aid Expiration: _____ Or Transcript of qualifying course for First Aid Lifetime Certification

The applicant is competent in:

___Theory and Techniques of the Sport
- __ College Course
- __ In-Service Course
- __ Prior Coaching Service
- __ Participation in the Sport

___ Knowledge of Rules and Regulations
___ Knowledge of Adolescent Psychology
- __ Completion of College Course
- __ Completion of Seminar/Workshop
- __ Prior Active Involvement with Youth

OTHER

Have you ever been dismissed or asked to resign from a position? ___Yes ___ No
Are any criminal charges or proceedings pending against you? ___Yes ___ No

Have you ever been convicted of a crime other than a minor traffic violation?
Note: A conviction will not necessarily disqualify you from consideration; however, failure to report is cause of disqualification or dismissal. ___Yes ___ No

I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements; omissions, or falsification of material fact herein, will cause forfeiture of all rights, terms, conditions and privilege of employment with Calaveras Unified School District.

_____ _____
Applicant Signature Date

Athletic Director or Principal Certification:

I certify that the above information has been properly verified and this coach meets the requirements of CAC Sections 5592 and 5593 unless otherwise indicated above.

_____ _____
Athletic Director/Principal Signature Date

CALAVERAS UNIFIED SCHOOL DISTRICT
ADULT VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY
HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

Date: _____ School Site: _____

Name: _____hereby requests participation in the following

Activity:
_____.
(Description of activity, please be specific)

I understand that this activity could cause illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a Calaveras Unified School District (District) volunteer in this activity, I acknowledge that the District does not provide any type of insurance including liability, property, or medical coverage for volunteers for any death, bodily injury, personal injury, or illness, or any loss to property sustained during my course as a District volunteer. I agree to waive all claims against Calaveras Unified School District and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

☐	I have no special health needs the staff should be aware of, and no medication is required during this activity.
☐	I have consulted with my physician and verify that I am medically fit to participate in this activity.

_____ _____
(Signature) (Name – Please Print)

Family Medical
Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

_____ _____
Name Relationship

Home ( ) _____ Work ( ) _____