



*Please attach a copy of your driver's license or photo identification card with this application.  
 Use only black or blue ink.*

## Volunteer Coaching Application

School site(s) where you wish to be a volunteer coach? \_\_\_\_\_

Sport(s) you wish to coach as a volunteer? \_\_\_\_\_

Full Name: \_\_\_\_\_ Female  Male   
First Name Middle Name (Required) Last Name

All Previous Names (*maiden, previous married names, etc.*) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Required by the State of Washington for processing background-check)

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Puyallup School District Employee:  Yes  No  
*(PSD Employees may not volunteer coach during the same season when they are a paid coach.)*

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have children in the Puyallup School District?  Yes  No

<u>Student Name</u>	<u>School</u>	<u>Grade/Teacher</u>

Have you ever been convicted of a crime?  Yes  No

In case of emergency notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*This application is for time spent in a volunteer capacity only. Employees of the Puyallup School District may not, as volunteers, perform the type of services they are employed to perform by the District. I certify under penalty of perjury according to the laws of the State of Washington that the foregoing is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Puyallup School District Use Only**

School _____ Date _____	District Office Review by _____ Date _____
Assignment _____	Ref. Checked by _____ Date _____
Approved By _____ Date _____	Bkgr. Checked by _____ Date _____
Principal/Designee _____	

# Volunteer Coaching Interest Survey

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I am interested in volunteering in the following school(s):

Senior High (Name of School): \_\_\_\_\_ Sport \_\_\_\_\_

Junior High (Name of School): \_\_\_\_\_ Sport \_\_\_\_\_

Please list past coaching experiences:

Program	Sport	Years

**REQUIRED:** Please attach a copy of your current CPR and First Aid certifications. In addition, swimming and diving coaches must attach a copy of their Red Cross Safety Training for Swim Coaches or Lifeguard Certification. (Ref. : 2011-12 WIAA Handbook, Section 23.3.30, paragraphs A, B and C.)

### Job Description

1. Reports to Head Coach
2. Supervises athletes, under the direction of a Head Coach or an Assistant Coach
3. Basic Function – to carry out the goals and objectives of the athletic program of the Puyallup School District
4. Primary Responsibilities
  - General
    - a) Have a knowledge and understanding of the rules
    - b) Keep abreast of rules and rule changes of the sport
    - c) Keep abreast of new knowledge, innovative ideas and related techniques by attendance at clinics, workshops and reading related materials
    - d) Fulfill WIAA Coaches Standards requirements
  - During the Season
    - a) Assisting in implementing “Athletic Standards” as outlined in Coaches’ Handbook and District Policy
    - b) Assume responsibility for constant care of equipment and facilities being used
    - c) Assume supervisory control over athletes and teams as assigned by the regular coaching staff
    - d) Be in regular attendance at practice sessions and contests. This may be adjusted for this position, but a definite understanding should be established.
    - e) Apply discipline in a firm and positive manner, as designated by the regular coaching staff
    - f) Emphasize safety precautions and be aware of the best training and injury procedures
    - g) Assume any other coaching responsibilities as delegated by Head Coach
  - Assignment and Procedure
    - a) Volunteer coaches must obtain Principal and Athletic Director Approval to assume this position
    - b) Volunteer coaches must complete safe schools boundary training
    - c) **Volunteer coaches must have their records checked through the Washington State Patrol criminal identification system and through the Federal Bureau of Investigation. The record check shall include a fingerprint check using a complete Washington State Criminal Identification Card and required payment, paid by the volunteer.**

Other information you wish to provide \_\_\_\_\_