

FRANKLIN COUNTY SCHOOLS

Request Form

Non-Faculty & Classified Employee to Serve as an Athletic Volunteer

School Year _____ School _____ Sport(s) _____

Last Name _____ First Name _____ Maiden Name _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Emergency Contact _____ Phone Number _____

E-mail _____ Volunteer to Coach/Assist Coach _____

Have you ever pled guilty, no contest (nolo contendere), or been convicted of a felony or a misdemeanor, including moving and traffic violation in this state or any other state? Yes _____ No _____

Have you ever been discharged, requested to resign, or resigned during the course of an investigation or pending charge? Yes _____ No _____

Have you ever pled guilty, no contest (nolo contendere), or been convicted of any crime of moral turpitude? Yes _____ No _____

Signature _____ Date _____

Named above

The following: fingerprinting, Code of Ethics, and listed trainings (responsibility of the school's athletic director) must be completed prior to the above individual beginning to assist as requested.

Fingerprint Date _____ Results Received (Date) _____ **Satisfactory** ____ **Yes** ____ **No**

Annual requirements -

____ Code of Ethics (signed and dated)

____ On-line trainings (Fundamentals of Coaching & First Aid, Health, and Safety for Coaches)

Requires date/proof of completion

____ Concussion Video

Requires date and/or proof of completion

____ Cardiac Training

Requires date and/or proof of completion

Paid _____ Unpaid _____

Principal's Approval _____ Date _____

(signature required)

Director of Schools/ Designee Approval _____ Date _____

Nominal compensation (per approved scale) is to be received only if the above requirements are completed, the coaching duties and responsibilities are completed, the code of ethics was followed, and the required, prior approvals were awarded.