

MS Non-Faculty VOLUNTEER Coaches **CANNOT** be Compensated for **ANY** Reason

CADDO PARISH PUBLIC SCHOOLS
APPLICATION FOR **(NON-FACULTY VOLUNTEER)** MIDDLE SCHOOL COACH

Caddo Parish Public Schools is an Equal Opportunity Employer. Applicants are considered on the basis of qualifications without regard to race, color, national origin, religion, age, sex or handicapping condition.

School: _____ Principal Signature: _____

SPORT _____ Athletic Coordinator Signature: _____

Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Address: _____ Tel. No.(H) _____
_____ Tel. No.(W) _____

Email Address: _____ Cell No. _____

Race: _____ Sex: _____ Date of Birth: _____ SS# _____

Highest Level of Education Obtained (HS Diploma, GED, Bachelor, etc.) _____ Date Obtained _____

• Has completed the ANNUAL online Concussion class DATE COMPLETED _____ (**Attach copy of Certificate**)

Have you ever been convicted of a felony? *Yes _____ No _____

*If yes, please attach a confidential statement addressed to the Director of Certified Personnel.

Louisiana law requires a criminal/civil history records check for employees who supervise children. An applicant will be required to be fingerprinted and sign an Authorization to Disclose Criminal/Civil History Record Information form. Absence of criminal record does not guarantee employment by Caddo Parish Schools.

Coaching Experience:

From	To	Place	Position	Supervisor

References:

Name _____ Name _____ Name _____

Address _____ Address _____ Address: _____

Tel. No. _____ Tel. No. _____ Tel. No. _____

I certify that the information in this application is true and complete. I also certify that I can perform the duties and responsibilities inherent in this position with or without accommodations. I understand that furnishing false information or omitting information from this application could disqualify me from consideration for employment or could lead to discharge from employment. I also certify that I am aware that this is strictly a volunteer position and that CPSB is under no obligation for compensation to me. You are hereby authorized to make any investigation of my personal and employment history.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY _____ Principal E-mail _____ Driver License _____ Fingerprints
ATTACHMENTS: _____ Social Security Card _____ Certificate _____ To Personnel