Rockford Public Schools
Quality Community – Quality Schools
*Together Building a Tradition of Excellence*

**Athletics Department**
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# VOLUNTEER COACH APPLICATION

NAME_____ ARE YOU 18 OR OLDER?_____

SPORT_____ LEVEL _____

ADDRESS:

_____

_____

HOME PHONE _____CELL _____

EMAIL _____APPLICATION DATE:_____

CURRENT EMPLOYER: _____

REFERENCE(S) WITH CONTACT INFO:

_____

_____

_____

FOLLOWING COMPLETION OF THIS FORM YOU WILL BE REQUIRED TO GO TO THE ROCKFORD CITY POLICE FOR FINGERPRINTING. RESULTS WILL BE SENT TO ROCKFORD PUBLIC SCHOOLS ASSISTANT SUPERINTENDENT, HUMAN RESOURCES.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

HAVE YOU EVER BEEN ARRESTED FOR A FELONY? _____

If you answered "YES" to any of the above please provide details: _____

_____

Certification of Truthfulness: I certify that all statements on this Application for Coaching are made truthfully and without evasion, and further understand and agree that such statements may be investigated and, if found to be false, will be sufficient reason for not being permitted to volunteer.
Criminal Records Check: I agree to execute an authorization for this employer to secure criminal conviction history and any record of referrals to first offender programs from the appropriate law enforcement agency, should the school district determine it is necessary to do so.

_____ _____

Signature Date

2/20/18