

BRONSON COMMUNITY SCHOOLS
VOLUNTEER ASSISTANT COACH
INFORMATION PROFILE

VOL-02

Last Name _____ First Name _____ M.I. _____

Race: _____ Gender: M F Date of Birth _____

Maiden Name _____ Other Last Name _____ Other M.I. _____

Other First Name _____ Other Last Name _____ Other M.I. _____

Other First Name _____ Other Last Name _____ Other M.I. _____

Address _____ City, State, Zip _____

Telephone _____ Occupation _____

Volunteer Coaching Position Desired/Sport _____

Head Coach: _____

Coaching Experience:

Other Related Experience:

First Aid Classes Taken:

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation or are charges pending against you? Yes No If yes, give details:

COPY OF DRIVERS LICENSE IS NOW REQUIRED AND MUST BE ATTACHED! THANK YOU.

Important Notice to All Volunteer Coaches:

Volunteer coaches are not covered by the school's workers compensation insurance since the volunteer coach is not recognized as an employee under the policy. Therefore, all injuries or illnesses received while working at the school in a volunteer capacity will not be the responsibility of the school.

As a volunteer assistant coach, I understand that I will be expected to carry out administrative directives, board policy and act in full compliance with the ethical expectations of the coaching staff. As a volunteer coach, I will receive no compensation for my coaching in this position.

Pursuant to 2005 PA 129-131 and 138, School Safety Legislation, the school will run a criminal history records check through ICHAT (Internet Criminal History Access Tool).

Signed: _____
Volunteer Assistant Coach

Signed: _____
Head Coach

ICHAT Processed Date: _____

By: _____

Signed: _____
Athletic Director