

## JAC-CEN-DEL VOLUNTEER COACH APPLICATION

Jac-Cen-Del High School: 4586 N US 421, Osgood, IN 47037 – 812-689-4643 – Fax: 812-689-7423 Jac-Cen-Del Elementary: 4586 N US 421, Osgood, IN 47037 – 812-689-4144 – Fax: 812-689-7423

All volunteer coaches will be required to complete an extensive background check through Safe Hire Systems. Costs will be covered by JCD

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APPLICANT INFORMATION									
Name									
Address									
City			Sate	е			County		
Home Phone			Cell	l Phone				•	
E-Mail Address					•				
Social Security Number			Date	e of Birth					
Sport You Would Like to Volunteer For Boys Girls Both									
Archery Baseball Basketball Cross Country Golf Soccer Track Volleyball									
Grade / Level You Wish t	☐ Junio	r High	☐ Fre	eshman [	] J∨	☐ Varsity			
Please Describe Coaching Experience									
CURRENT EMPLOYER									
Name									
Address									
City	S		Sate	е		County			
Phone	J		Job	Duties				<b>-</b>	
REFERENCES									
Full Name				Relationship					
Employer				Phone					
Full Name				Relationship					
Employer				Phone					
Full Name				Relationship					
Employer				Phone					
APPROVALS									
Head Coach				Date					
Athletic Director				Date					
Principal				Date					

I understand that if I am approved as a volunteer coach, I must take the ASEP Coaches Education class the next time it is offered. The expense for the class will be paid by the Jac-Cen-Del Athletic Department.

Applicant Signature:

Date: