AVOCA CENTRAL SCHOOL DISTRICT **VOLUNTEER APPLICATION**

Name	Date
Address	
Phone Number	Cell Phone Number
Employer C	Occupation
Grade or sport for which applying	
Experience working with children	
Have you ever been convicted of a crime (felony or r	misdemeanor)? YES NO If yes explain
Are there any currently pending criminal charges aga	ainst you? YES NO
List three references and phone number.	
Name	Phone Number
Name	Phone Number
Name	Phone Number
Signature of Applicant	Date
Approved by Coach	Date
Approved by Athletic Director/Principal	Date
Approved by Superintendent	Date
GUIDELINES FOR A	ATHLETIC VOLUNTEERS
Must complete application. If a volunteer is removed by an official, the	\square Check here if applying as a Volunteer Coach
volunteer cannot be reinstated until he/she has had a meeting with the coach and athletic	To be approved as a Volunteer Coach you must provide proof of the following requirements:
director. If volunteer is accused of inappropriate conduct with a child the volunteer will be removed until	☐ Valid First Aid and CPR Certification ☐ Online – Mandated Reporter (Child Abuse)
the volunteer is cleared or charges are substantiated.	☐ Online – S.A.V.E. (Safe Schools Against Violence in Education) ☐ Fingerprint Clearance
Volunteer must apply and be approved on a yearly basis.	☐ Online & Classroom – D.A.S.A (Dignity For All Students Act) ☐ Concussion
1 1 /	1777/16

1. 2.

3.

4.

12/7/16