

Applications remain on file for one year unless updated.

WESTWOOD UNIFIED SCHOOL DISTRICT
P.O. BOX 1225
4TH & GREENWOOD STREETS
WESTWOOD, CA 96137
PHONE: (530) 256-2311
FAX: (530) 256-3539

Fingerprint Clearance
 TB Clearance
 Current Certification

To be completed by district office.

APPLICATION FOR TEMPORARY ATHLETIC COACH

Name _____ Social Security # _____

Address _____

Home Phone _____ Business Phone _____

Position(s) for which you are applying _____

PAID
 VOLUNTEER

1.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you over 21 years of age? (If not, can only be an assistant)
2.

<input type="checkbox"/>	<input type="checkbox"/>	Do you possess a valid CA driver's license? CDL# _____ Class _____ Exp. Date _____
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3.

<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <small>If you answered yes to #3, attach a complete and accurate explanation of the circumstances (when, where, why) to this form. An answer of yes will not necessarily disqualify you from the position for which your application is made, but any failure to respond completely and accurately may result in your not being employed, or if discovered after employment, your dismissal.</small>
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4. **QUALIFICATIONS IN THE CARE AND PREVENTION OF ATHLETIC INJURIES**
You must establish your qualifications as a temporary athletic team coach in the care and prevention of athletic injuries, basic sports injury first aid, and emergency procedures with evidence of one or more of the following:

- | | | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you completed a college-level course in the care and prevention of athletic injuries and possess a valid cardiopulmonary resuscitation (CPR) card? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you have a valid sports injury certificate (SIC) or first aid and CPR card?
First Aid _____ Expiration Date _____
CPR _____ Expiration Date _____
SIC _____ Expiration Date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Do you have a valid Emergency Medical Technician (EMT) or II card? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Do you have a valid trainer's certification issued by the national or California Athletic Trainer's Association (NATA/CATA)? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had practical experience under the supervision of an athletic coach or trainer or have you assisted in team athletic training and conditioning, and have both valid CPR and first aid cards?
Date _____ Coach's Name _____
CPR/First Aid Card _____ |

(Please complete reverse)

5. **QUALIFICATIONS IN COACHING THEORY AND TECHNIQUES**

You must establish your qualifications in coaching theory and techniques in the sport and game being coached, as evidenced by one or more of the following:

Yes

No

- a. Have you completed a college course in coaching theory and techniques? (Transcripts required)

Date _____ Course Title _____

School or Program _____

- b. Have you completed in-service programs arranged by the school district or County Office of Education? (Verification required)

Date _____ Program Title _____

School or Program _____

- c. Have you served as a student coach or assistant athletic coach in the sport or game being coached?

- d. Have you had prior active involvement with youth in a school or community sports program?

Date _____ Sports _____

School/Program _____

Address _____

Phone # _____ Coach/Supervisor _____

Your Title _____ From _____ To _____

6.

Do you know the rules and regulations pertaining to the sport or game being coached, the league rules and the regulations of the California Interscholastic Federation?

7.

KNOWLEDGE OF CHILD OR ADOLESCENT PSYCHOLOGY

You must establish your knowledge of child or adolescent psychology as it relates to sports participation as evidenced by one or more of the following:

Yes

No

- a. Have you successfully completed a college level course in adolescent psychology?

Date _____ Course Title _____

School _____

- b. Have you completed a seminar on human growth and development of youth?

Date _____ Seminar Title _____

Sponsoring Group _____ City _____ State _____

Please list names, addresses, and telephone numbers of three references other than relatives:

(Please complete next page)

8. I have received and read a copy of the Code of Ethics of the California Interscholastic Federation (CIF) and I understand and can fulfill the responsibilities of a coach to the school, team, parents and players.

I agree to carry out the athletic policies of the Westwood Unified School District and those of the school of my assignment. I further agree to follow the procedures established by the principal, athletic director, and head coach.

Signature of Applicant

Date

Any information omitted or given falsely will invalidate this application. This application is submitted with the understanding that if I am employed, I must provide the district with the following: Proof of Citizenship including Driver's License and Social Security card, proof of completion of TB test results, and all documents certifying my eligibility for this position.
FINGERPRINTING IS REQUIRED BEFORE EMPLOYMENT BEGINS.

I hereby certify that all statements made in this application are true to the best of my knowledge and authorize investigation of all statements herein recorded. I release from liability persons and organizations reporting information requested by this application.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Pursuant to the provisions of California Labor Code Section 1053, I hereby expressly authorize any officer, agent, employee, superintendent, or manager representing a former employer to respond to any oral or written inquiries regarding my past performance and general character as a former employee.

I further understand and agree that this authorization will permit my former employer to provide any information regarding my performance including, but not limited to, performance or evaluation reports or other related documents maintained for all employees. I further understand that in signing this authorization for release of confidential information, I expressly waive the provisions of Government Code Section 6524 8 and California Constitution Article 1, Section 1, relating to privacy and agree to hold my former employer harmless from the release of any information pursuant to this request.

Signature of Applicant

Date