

LOS ANGELES UNIFIED SCHOOL DISTRICT VOLUNTEER ASSISTANT COACH APPLICATION



TO BE COMPLETED BY SCHOOL PERSONNEL:

Date application received: Month _____ Day _____ Year _____
 Fingerprint Clearance Received (Required) Yes _____ No _____
 Date of Skin Test or X-Ray: Month _____ Day _____ Year _____
 Date of passing Coaching Education Class _____ (required beginning 1/1/09)
 Date of CPR/First Aid Verification _____
 Administrator in Charge of Athletics _____
SIGNATURE

Please PRINT or TYPE the following information and return to:

Administrator in Charge of Athletics

_____ SCHOOL

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____ Phone _____

Bus. Phone _____ Birth Date _____

Signature _____ Date _____

In case of emergency, please call: _____

Two References (not relatives):

1) Name _____ Phone _____

2) Name _____ Phone _____

Drivers' License Number _____

Education and Experience:

Grade Level Achieved _____ Foreign Language Spoken _____

Work Experiences _____

Employed? _____ If so, employed at _____

Volunteer Experience _____

The Los Angeles and California State Boards of Education require that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. Volunteers must show proof of tuberculosis clearance within six months prior to volunteering. The initial examination must consist of a Mantoux skin test. If the Mantoux test is positive, a chest x-ray will be required. Volunteers may be tested by their own physician or visit a Los Angeles County Health Center. Volunteers whose applications are on file with the LAUSD Office of Volunteers are covered by Worker's Compensation Insurance.

I certify under penalty of perjury and in conformance with Education Code section 35021 that I am not required to register as a sex offender pursuant to Penal code section 290.

My Signature _____ Date _____

Head Coach's Signature _____ School _____

Principal's Signature _____

This form is to be kept on file at the school

Rev 6/2007