

**TROY AREA
SCHOOL DISTRICT**

ATTACHMENT

APPROVED: February 21, 2012

REVISED:

915-ATT-4. TROY AREA SCHOOL DISTRICT APPLICATION FOR COACHING
VOLUNTEER

Completion of all items required

Name _____ E-Mail _____

Address _____ Telephone # _____

When available? _____

For which volunteer assignment are you applying? _____

Have you ever applied to or been employed by the district? _____

If so, when? _____

Educational background

High School	Location	Degree	Graduation Date
Post-Secondary	Location	Degree	Graduation Date

Other e.g. courses in First Aid, CPR emergency, etc. _____

Expertise

High School Sport Participation:

Sport	Years	Award/Accomplishments

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College Sport Participation:

Sport	Years	Award/Accomplishments

Any related experiences (sports, recreation, coaching): _____

Availability

Days of the week you are available:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

List any restrictions or conditions of your availability as a volunteer.

Please list the names of children attending Troy Area School District:

NAME	GRADE	SCHOOL

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer.

Signature _____

Date of Application _____

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DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

Assignment _____

Effective Dates: From _____ To _____

Approval Date _____

Building Principal _____ Approval _____ Disapproval _____

