

Conneaut School District
219 West School Drive
Linesville Pennsylvania 16424
Telephone: 814-683-5900

*Resource
Person*

Resource Person Information Sheet

1. Name _____

2. Address _____ City _____ State _____ Zip Code _____

3. Home Telephone Number _____ Cell Number _____
Work Telephone Number _____ Email Address _____

4. Who/what is your present employer/employment? _____

5. Sport you wish to assist: _____

6. Why are you interested in assisting with this sport? _____

7. What are your qualifications to assist this sport/coaching skills you bring to this sport? _____

*Per Policy 123 – “Interscholastic Athletes: Resource personnel in extracurricular activities are permitted to work under the supervision of the head coach for a period not to exceed two (2) weeks. Resource personnel do not need an Act 34 clearance but must be reported to the Board on the appropriate form.”

8. Dates which the resource person in extracurricular activities are permitted to work under the supervision of the head coach for a period not to exceed two (2) weeks.

9. Approvals

Principal

Date

Superintendent

Date

Date of Board Approval ___/___/___

RESOURCE PERSON
Conneaut School District
SUPPLEMENTAL CONTRACT REQUEST

Please add the following individual:

For the SPORT of: _____

School: _____

Resource Person's Address:

Street _____

City _____, State _____ Zip Code _____

For Central Office use Only:

Form must be submitted to the Superintendent's Office