

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



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### Supplemental Position Information Sheet

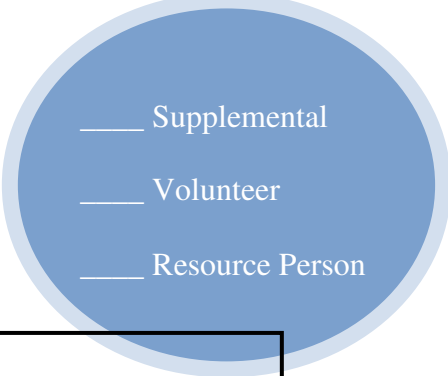
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1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Work Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_
4. Who/What is your present employer/employment? \_\_\_\_\_
5. Sport you wish to coach: \_\_\_\_\_
6. Why are you interested in coaching this sport/what skills do you bring? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your goals for this upcoming season? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. All individuals who work with children in the State of Pennsylvania must secure a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse History Clearance through the Department of Public Welfare and a Federal Criminal History Record Check.  
  
Do you hold current background checks: \_\_\_\_\_ PA State Police Criminal Record Check Act 34  
--- (Please answer yes or no) ----- \_\_\_\_\_ PA Child Abuse History Clearance – Act 151  
\_\_\_\_\_ Federal Criminal History Record Check Act 114  
Fingerprint
9. CPR Certification Current \_\_\_\_\_ No \_\_\_\_\_ Yes if yes, expiration date \_\_\_\_\_
10. Approvals

\_\_\_\_\_  
Principal Date \_\_\_\_\_ Date of Board Approval \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Superintendent Date \_\_\_\_\_

Supplemental Form revised 3/2010 by the Superintendent's Office  
Original form must be in blue and a copy will be returned to the building principal upon board approval.  
This form is appended to the Athletic Handbook which shall be updated whenever this form is revised.

**RETURNING COACH**  
**Conneaut School District**  
**SUPPLEMENTAL CONTRACT REQUEST**



Please add the following name :

\_\_\_\_\_

For the position of: \_\_\_\_\_

Please circle one: Assistant Coach    Jr. High Coach

School: \_\_\_\_\_

Assistant Coach Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

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For Central Office use Only:

Clearances viewed    Act 34 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)  
                                 Act 151 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)  
                                 Act 114 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)

CPR : Yes \_\_\_\_\_ (date) No \_\_\_\_\_

Form must be submitted to the Superintendent's Office