

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

*Returning  
Volunteer  
Coach*

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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 volunteer: \_\_\_\_\_

6. Why are you interested in returning to volunteer for this sport? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are your qualifications to coach this sport/coaching skills you bring to this sport? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Date of Board Approval \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Please add the following name :

\_\_\_\_\_

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

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

Volunteers 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