

(PRINT) TUSD NON-STIPEND ASSISTANT COACH/SPONSOR APPLICATION

SCHOOL _____

VOLUNTEERS MUST BE UNDER THE DIRECT SUPERVISION OF CERTIFIED PERSONNEL AT ALL TIMES.

LAST NAME _____ FIRST _____ M.I. _____ SS# _____ - _____ - _____

ADDRESS _____

SPORT / ACTIVITY APPLYING FOR: _____ Day Phone _____ Night Phone _____

High School Attended: _____ City _____ State _____ Yr. Grad. _____ GED? _____

List high school sports / activities participation record:

Sports / Activities _____ *Years* _____ *Letters Earned* _____

- A. _____
- B. _____
- C. _____

College attended: _____ Major _____ Minor _____ Yrs. attended _____

College sports / activities participation: _____ *Years* _____ *Letters Earned* _____

- A. _____
- B. _____

Sports / activities participation other than college _____ *Years* _____

- A. _____
- B. _____

List any coaching / teaching experiences in sports, recreation, fine arts, or other extracurricular activities:

Year _____ *Supervisor/Administrator* _____

- A. _____
- B. _____
- C. _____

Are you over 18 years old? _____

Are you a TUSD employee? _____ Site/Dept. _____ Valid Arizona Drivers License? Yes No # _____

Do you have a CPR w/AED Certification?	Yes / No	Date of Issue	_____	Renewal Date	_____
Do you have a First Aid Certificate (optional)?	Yes / No	Date of Issue	_____	Renewal Date	_____
NFHS Fundamentals of Coaching Certificate?	Yes / No	Date of Issue	_____	Renewal Date	_____
NFHS Concussion Certificate?	Yes / No	Date of Issue	_____	Renewal Date	_____

Have you reviewed "Student-Athlete Health & Wellness" PowerPoint presentation on the Interscholastics website? Yes No Date _____

Current Employer _____ Phone _____

REFERENCES: Give name and phone #. (School district certificated personnel preferred.)

- 1. _____ 2. _____
- 3. _____ 4. _____

I understand that falsification of required forms, i.e. CPR, First Aid, driver's license, etc. will be grounds for immediate dismissal. I have received, read and will comply with the procedures set out in the TUSD NON-STIPEND ASSISTANT COACH/SPONSOR HANDBOOK, and understand that I must be under the direct supervision of the varsity head coach at all times. In addition, by signing this non-stipend assistant coach application, I AGREE TO VOLUNTEER MY TIME FOR THE ASSIGNED SPORTS FOR THE DURATION OF THE SEASON WITHOUT THE POSSIBILITY OF MONETARY COMPENSATION.

I understand that as a non-stipend assistant coach, I cannot drive a District vehicle per Governing Board Policy EEB.

Applicant Signature: _____ Date _____

I APPROVE DO NOT approve the above applicant as a non-stipend assistant coach/sponsor:

Athletic Director/ Administrator Signature: _____ Date _____

SY20-21

Conviction Report

REQUIRED FOR ALL CATEGORIES OF EMPLOYEES: The following information is needed regarding criminal convictions. A record of conviction does not prohibit employment; however, failure to complete this report accurately and completely shall result in disqualification from consideration for employment, or may be cause for dismissal or result in prosecution for filing false information with a public agency. Applicants and employees must also report any convictions that occur subsequent to completing this report. Questions regarding this report may be directed to the Human Resources Department at 225-6152. Please read carefully, answer each question and sign and date the bottom.

Social Security Number: - - -		
Last Name:	First Name:	M.I.
Other Name Used:	Date of Usage:	

Have you ever been convicted of a minor offense other than traffic violations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a drug-related offense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a sex-related offense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of any of the following?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<ul style="list-style-type: none"> a. Sexual abuse of minor b. Incest c. First or second degree murder d. Kidnapping e. Arson f. Sexual assault g. Sexual exploitation of a minor h. Felony offenses involving contributing to the delinquency of a minor i. Commercial sexual exploitation of a minor j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or illicit drugs k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs l. Misdemeanor offenses involving the possession or use of marijuana and/or dangerous drugs m. Burglary in the first degree n. Burglary in the second or third degree o. Aggravated or armed robbery p. Robbery q. A dangerous crime against children as defined in ARS 13-604.01 r. Child abuse s. Sexual conduct with a minor t. Molestation of a child u. Manslaughter v. Aggravated assault w. Assault x. Exploitation of minors involving drug offenses y. Driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1381 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1383 z. Offenses involving domestic violence 				

If any of the above answers are marked "YES", fill in the information below.

Conviction Charge(s):	
Date of Conviction:	
City/State:	Amount of fine:
Length of jail term:	Length and Terms of Probation:
Comments:	

CONVICTION means a final judgment on a verdict or a finding of guilt, or a plea of nolo contendere (No Contest), in any state or Federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Signature Required

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained here in and understand that the agents of Tucson Unified School District review any document relevant to this information. I authorize the Tucson Unified School District to make reference checks and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. **I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.**

THIS PAGE MUST BE SIGNED WITH ORIGINAL SIGNATURE AND DATE

Signature	Date
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