

TUCSON UNIFIED

SCHOOL DISTRICT

HIGH SCHOOL "NON-STIPEND" ASSISTANT COACH HIRING CHECK LIST

1. Please complete entire checklist, scan and attach to ePAR.
2. All ePAR's must be approved by Interscholastics prior to being forwarded to Finance & Human Resources.
3. All coaching certifications will be verified by Interscholastics prior to approving ePAR hire. Missing certifications will result in the ePAR being returned to originator for corrections.
4. All fingerprint/background checks will be verified by Human Resources prior to hire.

Approval-Electronic process date: _____

School: _____

Applicant: _____

Sports Activity: _____ Boys Girls

Level: Varsity JV Freshman

Current Employee? Yes No

Email Address: _____

1. Application (3 references required)
 2. Conviction Form Complete
 3. CPR w/ AED (AED mandatory) **Cannot be from an online course** Exp. Date _____
 4. First Aid Card (Optional) **Cannot be from an online course** Exp. Date _____
- All CPR and First Aid cards must have either the coach's signature on the card or certificate or the QR code box.**
5. ATC Student-Athlete Health & Wellness (**renew every two years) Exp. Date _____
 6. NFHS Fundamentals of Coaching Completion Date _____
 7. NFHS Concussion certificate Completion Date _____
(**renew every two years beginning 21-22 SY; cannot lapse during SY)
 8. NFHS Cheer Rules Course (held annually at the coaches conference) Completion Date _____
 9. AACCA Certificate (spirit line required) Expiration Date _____
 10. NFHS Cheer/Dance Rules Exam (taken and passed annually) Completion Date _____
 11. AIA Cheer/Dance information course (held annually at the Coaches Conference) Completion Date _____
 12. NFHS Covid-19 for Coaches and Administrators (SY 21-22) Completion Date _____

HUMAN RESOURCE REQUIREMENTS

13. HR Fingerprint Receipt (school must pay for fingerprinting) Completion Date _____
- Background Check Pay Source: Budget String/PO#: _____ OR School PTA/PTO
Business Check Attached OR AZ Fingerprint Card#: _____ Valid?
14. Parent of Current Student Name of Student: _____

Year-Round Practice:

If this volunteer will be a paid coach during a current season, please indicate which season they will likely be a paid coach. Fall Winter Spring

NOTICE: In some cases, the above certifications will expire after the regular season of sport but must remain current to cover "year-round practice." It will be the school administration's responsibility to monitor, collect new certifications and forward copies to the Interscholastics Office prior to any certifications expiring. This checklist must be signed by the administrator verifying compliance.

Administrator Signature _____ Date: _____