**VOLUNTEER**

**COACHING/**

**ACTIVITY**

**PACKET**

**NOTE: A self-explanatory packet, instructions on how to complete the packet is enclosed.**

**Grinnell-Newburg Community School District**

**VOLUNTEER COACHING/ACTIVITY INFORMATION**

**Thank you for your interest in volunteering in the Grinnell-Newburg Schools. Following are the requirements for volunteering in our school district.**

1. **Bloodborne Pathogens Training Certificate**

**If you have had this training within the past year and can provide the Superintendent’s office with a copy of your completed certificate, it will not be necessary to take this training at this time. If you need to renew the certification or take the class for the first time, please see the attached sheet for on-line access information.**

1. **Authorization Forms for Background and Child Abuse**

**Permission to volunteer is based upon a satisfactory completion of the background and child abuse check. This is a four-page document and is included in this packet. Area’s to be completed are indicated.**

1. **Application Form**

**Please complete the attached Application and submit it to the Superintendent’s office. Office hours are 7:30 a.m. to 4:00 p.m. Monday through Friday.**

1. **Current Valid IOWA coaching license (sports only)**

**The Superintendent’s office must have a copy of your valid Iowa license before you can begin coaching. If you need to obtain an Iowa Coaching License or renew your license, please contact:**

 **Bureau of Practitioner Preparation and Licensure**

 **Iowa Department of Education**

 **Grimes State Office Building**

 **400 E. 14th and Grand**

 **Des Moines, IA 50319-0146**

 **Telephone: 515-281-5294**

 **Toll Free: 1-800-668-7856**

[**http://www.iowa.gov/boee/**](http://www.iowa.gov/boee/)

**5. Volunteer coaches do not need to re-apply for coaching consideration.**

**We sincerely appreciate your interest and if we can be of further assistance, please let us know.**

**Grinnell-Newburg School District**

**1333 Sunset Street**

**Grinnell IA 50112**

**Telephone: 641-236-2700**

**Web site: [www.grinnell-k12.org](http://www.grinnell-k12.org)**

**VOLUNTEER ACTIVITY/COACHING APPLICATION**

**PLEASE PRINT**

**What extra-curricular activity are you applying for as a volunteer coach?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(City) (State) (Zip)**

**PHONE: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT JOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE/UNIVERSITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School** | **Major** |  **Dates Attended** | **Grad Date** | **Degree** |
|  |  |  |  |  |
|  |  |  |  |  |

**TEACHING EXPERIENCE (If none, please indicate as such)**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name City/State** | **Grade/Subject** | **Dates Taught** | **Total Years** |
|  |  |  |  |
|  |  |  |  |

**PLEASE LIST ANY PREVIOUS COACHING EXPERIENCE IN THIS ACTIVITY**

|  |  |  |
| --- | --- | --- |
| **Location** | **Age Group** | **Dates** |
|  |  |  |
|  |  |  |

**PLEASE LIST ANY COACHING CERTIFICATIONS AND COACHING CLINICS ATTENDED:**

**Have you ever been convicted of a crime or violation of the law, other than a traffic**

Top of Form

**Violation? Yes No**

**If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that I am not being compensated for my services and I am a volunteer. I further understand that at any time the Grinnell-Newburg School District reserves the right to dismiss a volunteer coach for any reason deemed fit without prejudice.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Bottom of Form