

COMMUNITY COACHES ASSIGNMENTS

SCHOOL: _____

SCHOOL YEAR: _____

PAID COMMUNITY COACHES ONLY – ATHLETICS DEPARTMENT (NON-BOARD EMPLOYEES ON THIS FORM)

COACH'S NAME	EMPLOYEE # (ONLY)	ADDRESS / ZIP CODE PHONE NUMBER	SPORT & POSITION BOYS OR GIRLS)	SUPPLEMENT AMOUNT

BY SIGNING THIS FORM, YOU CERTIFY THAT THE COACHES LISTED HAVE CLEARED THEIR BACKGROUND CHECK PROCESS AND THE COACH(ES) ARE ELIGIBLE TO WORK AS A COMMUNITY COACH FOR THE RICHMOND COUNTY BOARD OF EDUCATION. FOR HIGH SCHOOLS ONLY, YOU ARE CERTIFYING THAT THE COACH(ES) LISTED ARE CLEARED THROUGH THE GEORGIA HIGH SCHOOL ASSOCIATION.

Submitted by: _____
(School Athletic Director) **Print and Sign**

Date: _____

Approved by: _____
(Principal) **Print and Sign**

Date: _____

Approved by: _____
(System Athletic Director) **Print and Sign**

Date: _____