

COMMUNITY COACHES ASSIGNMENTS

SCHOOL: _____

SCHOOL YEAR: _____

VOLUNTEER COMMUNITY COACHES ONLY – ATHLETICS DEPARTMENT

COACH'S NAME	SOCIAL SECURITY NUMBER SHOULD BE ON FILE	ADDRESS / ZIP CODE PHONE NUMBER Phone number ONLY for Board employees	SPORT & POSITION BOYS OR GIRLS)	EMPLOYEE Yes/No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No

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: _____ Date: _____
(School Athletic Director) **Print and Sign**

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

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