



## VOLUNTEER COACH PACKET

Prior to beginning any volunteer coaching activity, it is the responsibility of the volunteer to meet with the head coach, building athletic director and complete and submit all required paperwork.

If you have questions, please contact the appropriate athletic director or athletics assistant principal.

- Kevin Judkins, Glacier Peak High School Athletic Director – 360-563-7611
- Mark Perry, Snohomish High School Athletic Director – 360-563-4080
- Jerry Christensen, Centennial Middle School Athletics Assistant Principal – 360-563-4527
- Brian Burdon, Valley View Middle School Athletics Assistant Principal – 360-563-4225

### TO BE COMPLETED BY THE VOLUNTEER COACH

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

School: \_\_\_ Glacier Peak      \_\_\_ Snohomish      \_\_\_ Centennial      \_\_\_ Valley View

Signature below acknowledges that I have reviewed the requirements and meet all the criteria to become a volunteer coach in the Snohomish School District. You will be contacted by the athletic office once your application has been approved. **You will not be allowed to volunteer until clearance by the Athletic Director.**

\_\_\_\_\_  
Volunteer Coach's Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE SNOHOMISH SCHOOL DISTRICT HEAD COACH

Signature below acknowledges that

- ✓ You have met with the volunteer coach applicant to review volunteer and program expectations, **and**
- ✓ You are responsible for the supervision of all volunteer coaches within your program, **and**
- ✓ You approve of this volunteer coach

\_\_\_\_\_  
Head Coach's Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE ATHLETIC DIRECTOR/ASSISTANT PRINCIPAL

Signature below acknowledges that this person is recommended to volunteer coach. Final approval and clearance is contingent on results of the Washington State Patrol fingerprint background check.

\_\_\_\_\_  
Athletic Director's Signature

\_\_\_\_\_  
Date



## VOLUNTEER COACH APPLICATION CHECKLIST

- \_\_\_\_\_ Meet with the head coach to review program and volunteer expectations and to confirm head coach's approval and acceptance into the athletic program.
  
- \_\_\_\_\_ Complete the online Snohomish School District Safe Visitors application and background check. You will receive verification on your background check. Print off a copy of the verification and submit with the packet – **this is not your final clearance to volunteer coach.**  
  
link: <https://secure.safevisitorsolutions.com/Safe/Volunteer/snohomish/volunteer>
  
- \_\_\_\_\_ Complete the Volunteer Coach Information form.
  
- \_\_\_\_\_ Provide a copy of your valid Washington state driver's license.
  
- \_\_\_\_\_ Provide a copy of your valid first aid/CPR card.  
*If you do not have a current first aid/CPR you must be enrolled in the next available class. Class information is available from the school district athletic administrative assistant at 360-563-4210.*
  
- \_\_\_\_\_ Provide completed fingerprint card with required payment.  
*Initial clearance will be contingent on results of the fingerprint background check  
Current fee is \$45.25 – check/money order only and made out to O.S.P.I.*  
  
*Note: Initial clearance to participate will be contingent on results of the fingerprint background check.*
  
- \_\_\_\_\_ Submit this completed packet, copies (*SafeVisitor Solutions verification, first aid/CPR, driver's license*) and fees to the school's athletic office for processing.

### **Additional Requirements for Volunteer Coaches**

- \_\_\_\_\_ Complete required WIAA trainings by designated due dates.  
*Information and requirements will be communicated annually by the athletic office*
  
- \_\_\_\_\_ Complete required Safe Schools trainings by designated due dates.  
*Information and requirements will be communicated annually by the school district*
  
- \_\_\_\_\_ Submit updated CPR/first aid card prior to expiration dates.

*Volunteer status is valid for two years. If a volunteer does not break service with the district, renewal will require completion of the online district SafeVisitor Solutions application and providing a copy of their current Washington state driver's license. If service is broken within the two years, a complete packet, including fingerprints will be required.*



## VOLUNTEER COACH INFORMATION

Name: \_\_\_\_\_  
*First Name* *M.I.* *Last Name*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any allergies or other health conditions that staff should be aware of in case of an emergency?

\_\_\_\_\_

Prior volunteer or paid coaching experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_