Revised 4.28.2020

COMMUNITY COACH
COBB COUNTY SCHOOL DISTRICT APPLICATION
APPLICANT MUST BE 21 YEARS OF AGE OR OLDER

Name of school to which you are applying: _____ Sports you are qualified to assist: _____

Name: _____Last 4 digits of Social Security No.: ***-**-_____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Are you at least 21 years old? Yes No

Email Address: _____

Do you hold a college degree? _____Major _____Minor_____

Current Employer: _____ Phone Number: _____

Supervisor's Name: _____ Dates of Employment: _____

Describe Job Responsibility: _____

List two (2) references who can attest to your character, ability to assist in the sports listed above and assure you will be a positive role model for high school age students (should not be immediate family member).

1. Name: _____ Position/Title: _____

Email Address: _____Telephone Number: _____

2. Name: _____ Position/Title: _____

Email Address: _____Telephone Number: _____

Have you ever been convicted, pled guilty, pled nolo contendere, or entered a plea of First Offender to any criminal offense, excluding minor traffic offenses? (DUI, DWI, and/or possession or distribution of illegal drugs must also be reported, exclude events that occurred when you were a minor unless you were prosecuted as an adult).		Yes_____ (if yes, please explain on back of form) No_____
Are you now under investigation for any criminal offense?	Yes_____ (if yes, please explain below)	No_____

TYPE OF OFFENSE	DATE	NAME OF LAW ENFORCEMENT AUTHORITY	DISPOSITION (OUTCOME)

APPLICANT SIGNATURE STATEMENT
READ THIS STATEMENT AND SIGN AFTER COMPLETING THE APPLICATION

I have read the procedures for Community Coach/Retired Coach employees working with the Cobb County School District and agree to abide by those procedures. I understand that the Application, References, and other data are the property of the Cobb County School District and cannot be returned. By filing this application with the Cobb County School District, I agree to abide by all the policies as set forth by the Cobb County Board of Education. I authorize full investigation of the information given in this Application and consent to the representative of the Cobb County School District contacting my References, previous employers, and schools attended, court officials and law enforcement authorities and other individuals. I understand that the Cobb County School District may investigate sources or references other than those given in this Application. I acknowledge that all references will be confidential information. I understand that nothing in this Application, in the statements or policies of the Cobb County School District or Board Official is intended to create a contract. No promises of employment have been made to me. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal.

APPLICANTS'S SIGNATURE _____DATE _____

By signing this application, I approve/recommend the above candidate for the position of Community Coach with Cobb County School District.

PRINCIPAL/DESIGNEE SIGNATURE _____DATE _____

FOR OFFICE USE

Complete the below if the applicant is required to take GHSA Community Coach Classes. FEE: $325.0 (non-refundable) – Checks need to be made payable to GHSA. Personal checks will NOT be accepted.					
Are you a GHSA Official/Referee?		Yes		No	
Complete the below if you are required to take GHSA Community Coach Classes. FEE: $325.00 (non-refundable) – Checks need to be made payable to GHSA. Personal checks will NOT be accepted.					
Prepare/First Aid:	Date:		Site:		
Principles for Coaching:	Date:		Site:		
Date Background Check Completed:		Date application completed online:		Date Payment Mailed:	