

Conneaut School District  
219 West School Drive  
Linesville Pennsylvania 16424  
Telephone: 814-683-5900



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### Supplemental Position Information Sheet

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1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_
3. Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Work Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_
4. Who/what is your present employer/employment? \_\_\_\_\_
5. Sport for which you wish to coach: \_\_\_\_\_
6. Why are you interested in coaching this sport? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your qualifications to coach this sport? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. All individuals who work with children in the State of Pennsylvania must secure a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse History Clearance through the Department of Public Welfare and a Federal Criminal History Record Check.

**Do you hold current background checks:**

- (Please answer yes or no) ----
- |  |  |
|--|--|
| _____ Act 24 (Arrest/Conviction form)      | _____ PA State Police Criminal Record Check Act 34 |
| _____ Act 126 (Mandated reporter training) | _____ PA Child Abuse History Clearance – Act 151   |
|  | _____ FBI Fingerprint - Act 114                    |

9. CPR Certification Current \_\_\_\_No \_\_\_\_Yes if yes, expiration date \_\_\_\_\_

10. Approvals

_____	_____	
Principal	Date	Date of Board Approval ____/____/____
_____	_____	
Superintendent	Date	

11. Each coach shall establish a set of rules and regulations for his/her particular sport prior to the start of the practice season. A copy of these rules shall be submitted and approved by the high school principal prior to the first day of practice each sport season. Also, these rules shall be sent home to respective parents, signed, returned, and kept on file with the physical card/parent consent form.

**NEW COACH**  
**Conneaut School District**  
*SUPPLEMENTAL CONTRACT REQUEST*

Please add the following name :

\_\_\_\_\_

For the position of: \_\_\_\_\_

School: \_\_\_\_\_

Head Coach Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Interviewed for this supplemental position were the following people:

- 1.
- 2.
- 3.
- 4.
- 5.

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For Central Office use Only:

Clearances viewed Act 34 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)

Act 151 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)

Act 114 \_\_\_\_\_ (date) \_\_\_\_\_ (already on file)

CPR : Yes \_\_\_\_\_ (date) No \_\_\_\_\_

Form must be submitted to the Superintendent's Office