

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



Supplemental Position Information Sheet

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 you wish to continue to coach: _____
6. Why are your goals for this upcoming season? _____

7. 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: _____ PA State Police Criminal Record Check Act 34
--- (Please answer yes or no) ----- _____ PA Child Abuse History Clearance – Act 151
_____ Federal Criminal History Record Check Act 114
Fingerprint

8. CPR Certification Current _____ No _____ Yes if yes, expiration date _____
9. Approvals

Principal _____ Date _____ Date of Board Approval ___/___/___

Superintendent _____ Date _____

10. 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.

Supplemental Form revised 3/2010 by the Superintendent's Office
Original form must be in blue and a copy will be returned to the building principal upon board approval.
This form is appended to the Athletic Handbook which shall be updated whenever this form is revised.

RETURNING HEAD COACH

Please add the following name :

For the returning head coach position of: _____

School: _____

Address:

Street _____

City _____, State _____ Zip Code _____

Conneaut School District *SUPPLEMENTAL CONTRACT REQUEST*

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