



Human Resource Services

Coach Checklist: Items Needed for Approval

Staff Member Coaches: Paid Position

- Valid first aid and CPR certificates.
- Coaching Assignment Authorization Form from school site.

Walk-On Coaches: Paid Position

- Activity Supervisor Clearance Certificate (non-certificated).
- Employment application.
- Completed I-9 forms; pre-employment Personnel/Payroll packet.
- Fingerprint clearance.
- TB clearance.
- Valid first aid and CPR certificates.
- Coaching Assignment Authorization Form from school site.

Volunteer Coaches: Unpaid Position

- Activity Supervisor Clearance Certificate (non-certificated).
- Volunteer Coach application (attached).
- Fingerprint clearance.
- TB clearance.
- Valid first aid and CPR certificates.



Human Resource Services

Temporary Athletic Team Coaches (Certificated and Classified)

CERTIFICATION PACKET

PART I

Applicant Personal Information

Name: _____

Address: _____

Phone: (Work) _____

(Home) _____

Social Security Number: _____

Sport: _____

School: _____

Date: _____

Important Information

1. School sites to forward copy of certification packet to Human Resource Services, Box 770. If applicable, Activity Supervisor Clearance Certificate must be on file.
2. Original certification packet to be retained at school site.
3. Requisition for Per Diem Personnel and Per Diem Time Sheet must be submitted directly to Human Resource Services/Payroll Services to initiate the pre-employment and payroll process.

Provide written description and documentation.

1. **First Aid and Emergency Procedures**

- Valid First Aid Card (attach copy) Expiration: _____
OR
course will be completed on: _____

AND

- CPR Card (attach copy) Expiration: _____
OR
course will be completed on: _____

2. **Coaching Theory and Technique as Evidenced By:**

- Prior service as an athletic coach or assistant athletic coach in the sport to be coached.

Name of Supervisor: _____
Address: _____
Phone: _____
Year: _____
Describe Experience: _____

OR

- Work in community athletic programs in the sport to be coached.

Program: _____
Address: _____
Phone: _____
Year: _____
Describe Experience: _____

OR

- Completion of inservice programs arranged by a school district or county office of education.

Program: _____

Address: _____

Phone: _____

Year: _____

Describe Experience: _____

OR

- Completion of college-level course in coaching theory and techniques.

College: _____

Course Title: _____

Instructor: _____

Year: _____

OR

- Participation in organized competitive athletics at high school or above in the sport to be coached.

School: _____

Organization: _____

Year: _____

Describe Experience: _____

3. **Knowledge of Rules and Regulations of the Sport or Game to be Assigned**

- Yes

4. **Activity Supervisor Clearance Certificate (ASCC)**

- Valid ASCC Required for Non-Staff (Non-Credential/Permit) (attach copy)

Expiration: _____

The following materials have been provided by the school principal, athletic director, or designee: (please ✓ check)

- School Athletic Policy (Coaches) Handbook
- Student-Parent Athletic Handbook
- California Interscholastic Federation (CIF) Bylaws
- District and School Policy and Procedures for care and reporting of injuries
- Rules and Regulations pertaining to the sport or game being coached
- Policy for complying with State and Federal regulations on sex equity in athletics and equity for the handicapped (BP and AR 5145.3)
- Temporary Athletic Team Coaches Code of Ethics (AR 4227 [f])

I hereby certify to the Chief Human Resources Officer that the conditions of California Administrative Code, Title V, Section 5593, and AB 1025 (if applicable) governing temporary athletic team coaches have been met.

Name of Applicant: _____

Sport: _____

Date: _____

Principal or Athletic Director's Signature

Date

Applicant's Signature

Date

Adolescent psychology as it relates to participation in sports, as evidenced by:

- Successful completion of a college-level course in adolescent (child) psychology.

College: _____

Course Title: _____

Year: _____

OR

- Completion of seminar/workshop on Human Growth and Development of Youth.

Seminar/Workshop Title: _____

Presenter: _____

Year: _____

OR

- Prior active involvement with youth in school/community sports program.

Name of Program: _____

Activity: _____

Year: _____

Describe Experience: _____



Human Resource Services

Waiver Request Form From Legal Requirements for Temporary Athletic Coach Applicants

Date _____

Applicant's Name _____

I am requesting a waiver from the legal requirement of Title 5, Section 5593, for the following Section(s): (please circle)

I
(Care and Prevention)

II
(Theory and Techniques)

III
(Rules and Regulations)

IV
(Child & Adolescent Psychology)

for the following sport: _____ during the _____ school year.

Applicant's Signature

Principal

Statement and Recommendation for Waiver

I recommend that this applicant be granted the waiver requested from Section(s): (please circle) I II III IV because I personally guarantee that he/she will meet both of the following requirements for such a waiver during this coaching assignment:

1. He/she will be currently enrolled in a training program related to the requirement(s) not met.
2. He/she will coach ONLY under the direct supervision of a fully qualified coach at EACH PRACTICE AND COMPETITIVE SESSION.

Principal's Signature

School

Athletic Director's Signature

Date



Human Resource Services

Volunteer Coach (Unpaid)

APPLICATION

Name:	Home Phone:
Address:	Work Phone:
City:	Zip Code:
Date Submitted:	Sport:
Previous Experience Working With Youth:	

As a volunteer coach for _____ High School, I understand that neither the Sacramento City Unified School District, nor any member of _____ High School, will compensate me for my services. As a volunteer my services are gratis, and I will not receive a financial reward for my volunteer services.

I also understand that before a coach can be compensated for any paid services the Sacramento City Unified School District Board of Education must officially ratify the coach(es) as an employee of the district.

As a volunteer coach, I understand that I must:

- Hold an Activity Supervisor Clearance Certificate (ASCC).
- Be fingerprinted and have a background check clearance.
- Have TB clearance.
- Have valid first aid and CPR certificates.

Coach's Signature

Date

Athletic Director's Signature

Date

Principal's Signature

Date