

Wisconsin Heights Volunteer Coaching Application

Full Legal Name: _____

Date of Birth: ____/____/____

Drivers License Number: _____

Drivers License Expiration Date: _____

Program(s) I would like to coach: _____ Season & Year: _____

_____ Season & Year: _____

_____ Season & Year: _____

Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Prior to Coaching-

1. Each individual/group must approve

- A. Head Coach
 Approve Not Approved
- B. Athletic Director
 Approve Not Approved
- C. Superintendent
 Approve Not Approved
- D. School Board
 Approve Not Approved

2. Coaches must be certified. Refer to criteria listed below.

Coaches Not Licensed to Teach (CNLTs)

- A. A school may employ other than a certified teacher for coaching, if a certified teacher is unavailable or unacceptable for the coaching assignment.
- B. The following provisions must be met:
 - 1) All coaches not licensed as teachers must have completed a WIAA approved coaches education course before they start their second year of coaching.
 - 2) In lieu of having a coach not licensed as a teacher complete a course, a school may assign a faculty mentor, not otherwise coaching, to be present at all times with the coach.
 - 3) A coach not licensed as a teacher, with five years of documented coaching experience in public or nonpublic educational institutions, will not need to complete a coaches education course, but will need to apply annually.
 - 4) Coaches not licensed as teachers, or who have not completed an approved coaches education course, must be registered with the WIAA office on the Request for Permission to Use a Coach Not Licensed to Teach Form (CNLT). This requirement includes first year coaches and coaches with five years of experience.

3. A background check will completed by the school district prior to coaching. If a coach is involved with any athletic program in the school for a period extending four years an additional background check will be completed. This cycle will repeat every four years.

Back-Ground Check

- Approve Not Approved

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Certifications - Please include a copy of any certification(s).

	Name of Certificate	Place of Certification	Date Received	Expiration Date of Certification
1.				
2.				
3.				
4.				
5.				

Coaching Experience

	Organization - Supervisor	Dates	Positions	Reason for leaving
1.				
2.				
3.				
4.				
5.				

Playing Experience

	Organization - Coach	Dates	Positions	Reason for leaving
1.				
2.				
3.				
4.				
5.				

References:

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Awards-

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What are your goals working with the athletic team? How do you hope to accomplish these goals? Please provide a type-written response on a separate sheet of paper.

Please state what qualifications/experiences you have that will benefit the members of the athletic team for which you are providing services.

Please list any other qualifications, special skills, abilities, or honors that you wish to bring to our attention:

I understand that:

- In the course of volunteering for the Wisconsin Heights Schools District, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between the Wisconsin Heights School District and volunteer is an “at will” arrangement. This arrangement may be terminated at anytime without cause by either the volunteer or the Wisconsin Heights School District.
- I must follow the rules and guidelines set down by the Wisconsin Heights School District.

Print Name: _____

Signature: _____ Date: _____