

As a volunteer I understand that I might be subjected to a criminal records check.

Please complete other side.

If you are a volunteer coach you must have a certificate on file in the Superintendent's Office for CPR and Pupil Validation (sports medicine) before you can coach.

CPR on file ____ Yes ____ No / Pupil Validation on File ____ Yes ____ No

Personal References - List two (not former employer or relative)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Approval signatures:

Varsity Head Coach or Supervisor Signature

Date

High School Athletic Director Signature

Date

Principal Signature

Date

Superintendent Signature

Date

I authorize any references listed in this application to give information to Lake Local School personnel regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Lake Local Board of Education, I hereby release any individual, school district, youth organization, employer, reference, or any other person or organization including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of compliance or any attempts to comply with this authorization. This release shall not apply to any information given by above named entries or individuals if they knew the information was false or given for malicious purposes.

Should my application be accepted I agree to be bound by the Lake Local Board of Education policy and will enforce the student conduct code.

I further state that I have carefully read the foregoing release and know the contents thereof. I sign this release as my own free act . This is a legally, binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____