



Volunteer Coaching Application

NORTH KITSAP SCHOOL DISTRICT - ATHLETIC DEPARTMENT

18360 Caldart Ave / Poulsbo WA 98370
(360) 396-3041 / FAX (360) 396-3934

Sport

School

Persons desiring to participate as a volunteer coach must complete this application for each sport for which they wish to volunteer. The form must be completed whether or not the person is a current North Kitsap School District employee. All information on this application form must be fully completed or processing will be rejected.

Name

Home Phone

Address

Cell Phone

City

State

Work Phone

ZIP Code

Birth Date

Email Address

EXPERIENCE/QUALIFICATIONS

Indicate total years of participation in this sport:

Indicate years of participation in this sport during:

List years coaching experience in this sport:

High School

College

Other

Number of Years	Level (Jr High/Sr High/College)	Location/Employer

MINIMUM REQUIREMENTS FOR VOLUNTEER COACHES

Persons applying for volunteer coaching positions must meet District requirements, including a valid background check. Current District employees have received prior clearance. If the applicant is not a current District employee, a background check is **required**. This requirement extends to those in student teaching positions. Please refer to the specific procedures listed on the back of this application. Please check appropriate category:

- Current employee in North Kitsap School District
- *North Kitsap School District parent or community member
- *Current student teacher in North Kitsap School District
- *I am over the age of 19. (In compliance with WIAA)
- *Current student teacher in School District

***Each person in this category must complete a disclosure and be processed for a background check.**

RECOMMENDATION FOR APPROVAL (To be completed by building administration)

The person listed above meets the requirements for volunteer coaching. If the person is not a current certificated, classified, or substitute employee of the North Kitsap School District, the following items must be on file in the Athletic Department.

- Complete Volunteer Coaching Application (page 1 & 2)
- Complete Character and Fitness Supplement
- Proof of Background Check with DOJ and WSP

- Copy of Photo ID
- CPR and First Aid Expiration

Valid CPR & First Aid Card Must Be Attached*

***Volunteer Coaches (Assistants) are not allowed to coach until a valid CPR/FA card is on file, or they are enrolled in a course (need proof).**

HEAD COACH'S SIGNATURE

BUILDING ATHLETIC COORDINATOR'S SIGNATURE

There is a definite need for an assistant in this sport and I verify this person is appropriately qualified.

****Return to the **Athletic Department at the School** when complete.****



Volunteer Coaching Application
NORTH KITSAP SCHOOL DISTRICT - ATHLETIC DEPARTMENT
Disclosure Form

The following persons shall be disqualified from volunteering in North Kitsap School District:

- 1. Anyone who makes a false statement on the volunteer application or fails to disclose criminal convictions.
2. Anyone convicted of a misdemeanor or gross misdemeanor committed within the previous five years.
3. Anyone convicted of a felony committed within the previous seven years.
4. Anyone convicted of more than one criminal offense, regardless of when each crime was committed.
5. Anyone convicted of any "crime against children or other persons" as defined in RCW 43.48.830(5).
6. Anyone convicted of a crime which would disqualify the person from employment by the District under RCW 28A.400.320 as now existing or hereafter amended, regardless of when the crime was committed.
7. Anyone convicted of committing or attempting to commit any crime of violence or of a sexual nature against a minor not listed above, regardless of whether the crime of conviction was a misdemeanor, gross misdemeanor, or felony, and regardless of when the crime was committed.

Please answer the following questions completely and sign the declaration.

1. Have your EVER (at any time) been convicted of any crime? YES NO

If "YES", please identify the offense(s), provide the date(s) of the conviction(s), the name of the court (i.e., Kitsap County Superior Court), and the sentence imposed:

[Empty text box for conviction details]

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed. YES NO

If "YES", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty imposed:

[Empty text box for finding details]

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? YES NO

If "YES", please provide pertinent details to enable the North Kitsap School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status:

[Empty text box for charge details]

I hereby authorize and consent to North Kitsap School District, its agents and employees, to inquire into and undertake whatever background check of me that North Kitsap School District, in its sole discretion, deems appropriate to determine my fitness as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers, or references. I understand the information will be kept confidential to the extent permitted by law, but that North Kitsap School District as a public entity, is subject to the State Public Disclosure Act, RCW 42.17.250 et seq and the exemptions provided thereunder, as amended.

I release and hold harmless the North Kitsap School District; its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me.

I agree that if North Kitsap School District determines, in its sole discretion that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to retain me as a volunteer for whatever reason, North Kitsap School District may, without notice or other process, reject my application to serve as a volunteer.

[Signature line]

Volunteer's Signature

[Date line]

Date



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification>
 E-Mail: cert@k12.wa.us

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | Question |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or voidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- Yes No 10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes No 1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- Yes No 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY WASHINGTON COLLEGE/UNIVERSITY STUDENTS AND THOSE COMPLETING A PESB APPROVED TRAINING PROGRAM.

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.
(name of institution or organization)

SIGNATURE OF APPLICANT

DATE