



Castaic High School

Checklist for Volunteer Coaches

Coach's Name: _____ Email: _____ Cell #: _____

Address: _____ City _____ State _____

Sport _____ (Girls or Boys) Season _____ Level _____

Circle One

Within the past 24 months, this individual has coached at the:

Youth level (7th or 8th) Yes No

Club or travel ball level Yes No

If YES, for which organization(s):

-
1. Read through the Fingerprinting Processing Instructions and Complete & **Sign Fingerprinting Request Form** (2 pages)
 2. Complete **Medical Treatment Authorization Form**
 3. Read and Sign the **Code of Ethics Form**
 4. Complete **TB Test** (You may use your own Health Care Provider). TB Test Results from Doctor are required to be submitted with completed packet. TB clearance must be renewed every 4 years
 5. **Safe School Training Courses**, Contact school site to obtain a username:
Website: <http://hardistrict.keenan.safeschools.com/login>
 - o **1) Sexual Harassment Prevention**
 - o **2) Mandated Reporter: Child Abuse and Neglect**
 - o **3) Workplace Bullying.**Upon completion of all 3 courses, **Print Certificate of Completion** and submit with completed packet. Courses expire annually.

 USERNAME: _____ (Contact school site for username, no password required)
 6. **First Aid/CPR Training**: Certification Cards are required in completed packet. CPR must be renewed every 2 years
 7. **Concussion Awareness Course**: Print Certificate of Completion. Course must be renewed every 2 years
Website: <https://nfhslearn.com/courses/61151/concussion-in-sports> : You must register for the site.
 8. **Sudden Cardiac Arrest**: Print Certificate of Completion. Course must be renewed every 2 years
Website: <https://nfhslearn.com/courses/61032/sudden-cardiac-arrest> : You must register for the site.
 9. **Complete Fundamentals of Coaching Course** (Grace period of one year from start of coaching to have completed)
Website: <https://nfhslearn.com/courses/61113/fundamentals-of-coaching> : You must register for the site.
 10. **Heat Illness Prevention**: Print Certificate of Completion. Course must be renewed every 2 years
Website: <https://nfhslearn.com/courses/61140/heat-illness-prevention> : You must register for the site.
 11. Bring **all of the above** back to **Castaic High School to obtain Athletic Administrator Approval.**
 12. After you have received your Copy of the Signed Packet and the Fingerprinting Authorization Form, please contact District Office, **Michelle Howard at 661.259.0033 x417** to set up an appointment for fingerprinting. You will need to bring all forms with you to the District Office.

Coaches can NOT work with students until fingerprinting and ALL of the above items are cleared.

FINGERPRINTING PROCESSING INSTRUCTIONS FOR SCHOOLS

Definition:

- ❖ A **Category 2 Volunteer** is any volunteer, chaperone, volunteer driver, unpaid coach/advisor or a District/ ASB/ Booster paid Coach/ Advisor.
- ❖ Fingerprinting is **NOT** required for Category 1 Volunteers. **Category 1 Volunteers** are single event or short-term volunteers **who do not supervise students without a certificated employee present**. Examples of category 1 Volunteer duties are: helping with student registration, newsletter, PAC luncheons, one day field trip under the direct supervision of a certificated employee, and promotion/ graduation activities.

PLEASE NOTE: All Forms, Policies and Guidelines for Volunteers may be downloaded from the District Website: <http://www.hartdistrict.org/volunteer/> All Category 2 Volunteers need to complete and submit all the required paperwork to complete the Volunteer Application Packet before being fingerprinted.

Fingerprinting Process:

- 1) Prepare the **Volunteer Application Packet** by having the following documents:
 - a) Fingerprint Request Form must be completely filled out and **MUST be signed by an Administrator at the school site prior to fingerprinting appointments being made**.
Note: Pay the necessary fees at the school site. Each school site is responsible for collecting payment if their site charges for clearances. Schools will be invoiced quarterly for all volunteer clearances.
 - b) Medical Authorization/Emergency Contact Form should to be completely filled out.
 - c) A TB Test Result, with the signature of the physician and written on official prescription paper.
 - d) Certificate of completion of the online Sexual Harassment Prevention, Mandated Reporters: Child Abuse and Neglect, and Workplace Bullying: Awareness and Prevention Programs. The program may be accessed from the District website, on the "Staff" page. A login will be issued to you, when you meet with an Administrator at the school.
- 2) ALL Volunteers who will drive must also be DMV cleared. To become a Volunteer Driver, in addition to the above forms, the applicant needs to also have the following documents:
 - a) Driver Application
 - b) Copy of CA Driver License
 - c) Proof of automobile insurance
 - d) A signed copy of the Driver Guidelines
 - e) A signed copy of the Distracted Driver Memo
- 3) Volunteer applicants are processed by appointment only. Please contact Michelle Howard at (661) 259-0033 ext. 417. Appointments are approximately 30 minutes and processing will be completed at the Administrative Center of the Hart District. Bring the complete Volunteer Application Packet with all the forms mentioned above. If you are volunteering to be a driver, bring the Driver Application Packet as well.
Note: If a volunteer arrives with incomplete paperwork and has not been issued a COACH/VOLUNTEER FINGERPRINTING AUTHORIZING form, the application will not be accepted and the applicant will not be fingerprinted.
- 4) It can take up to 90 days for a volunteer clearance to be received and groups should plan accordingly. Volunteers **MUST NOT** work with or transport students until cleared by the District.
- 5) When the clearance process has been completed, the School will receive and may distribute the new volunteer ID badge. ID badges **MUST** be worn at all times by all categories of volunteers while on campus and when working with students.
- 6) Only after the school has received notification that a volunteer has been cleared and the volunteer's badge has been distributed, may the volunteer participate in any District or school program.

Costs:

- ❖ Fingerprinting and Volunteer Clearance: \$70; DMV Drive Approval: \$25
- ❖ Fingerprinting/Volunteer Clearance & DMV Drive Approval: \$95
- ❖ The above is a **ONE-TIME CHARGE**. Once a volunteer/driver is cleared, they will be approved through June of their student's graduation year, or five years if they are a non-parent/guardian. If a volunteer discontinues service, they may be required to have another background check (including i.e. fingerprinting).



William S. Hart Union High School District Fingerprint Request Form

This form to be utilized for **Category 2** volunteers.

- Unpaid Volunteer/Coach/Chaperone/Advisor
- ASB/Booster paid/Stipend Applicant
- Applicant paid by District stipend

Administrator Approval: _____

School: _____ Program: _____ Date: _____

Employee/Volunteer Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Cell Phone: _____

A Category 2 volunteer is any volunteer, chaperone, volunteer driver, unpaid coach or advisor or District/ASB/Booster paid coach or advisor. Any volunteer as described above that was cleared prior to July 9, 2010 MUST be re-cleared by the District to comply with changes in California law.

The district processing fee is \$70.00 for fingerprinting only and \$95.00 for volunteer/driver clearance. If a volunteer is responsible for payment, it MUST be collected at the school site prior to making an appointment for fingerprinting/volunteer clearance. Schools will be invoiced quarterly for all volunteer clearances.

Volunteer Applicant Information:

Volunteer applicants are processed by appointment at the Hart District Administrative Center. Appointments may be scheduled by calling Michelle Howard at (661) 259 - 0033, ext. 417. **If a volunteer applicant arrives for an appointment with incomplete paperwork, the application will not be accepted and the applicant will not be fingerprinted.** The District Administrative Center is located at 21380 Center Pointe Parkway in Santa Clarita.

The forms and/or training needed to apply as a volunteer are located on the District website at

<http://tinyurl.com/volunteerWSH>

All Category 2 volunteer applicants will need to bring the following items:

- Fingerprint Request Form/Volunteer Application Form (*signed by a school administrator*)
- Medical Treatment Authorization Form/Emergency Contact Information
- TB Test Result
- Certificates of completion for all three online Training Programs (Mandated Reporter, Sexual Harassment, Workplace Bullying)

Driver applicants will need to bring the following additional items:

- Driver Application
- Copy of CA Driver License
- Proof of automobile insurance
- A signed copy of the Driver Guidelines
- A signed copy of the Distracted Driver Memo

21380 Centre Pointe Parkway, Santa Clarita, CA 91350 (661) 259-0033



William S. Hart Union High School District

The designated school administrator will be notified when a volunteer applicant is approved or disqualified. The approval process will take approximately 90 days. Volunteers will be approved through June of their student's graduation year or for five years if they are not a parent or guardian of a student in the District. Approved volunteers will be issued District photo identification cards after being cleared. ID cards will be sent to the fingerprinting administrator at the school.

TB testing may be completed by the applicant's personal physician, Samuel Dixon Clinics located in Val Verde, Newhall and Canyon Country; or US Healthworks in Saugus.

Waiver

To ensure the safety of our students, staff and all persons involved in the learning process, the William S. Hart Union High School District conducts a background clearance of volunteers and a DMV clearance of volunteer drivers. By signing this application, I acknowledge this requirement and permit the District to access my State and Federal criminal history records and my DMV information and records. It is understood that this information will be held in the strictest confidence and may not be used for any other purpose.

I certify that all of the statements made on this application and the other related application documents are true and complete to the best of my knowledge. I understand that any false statements or incomplete information will subject me to disqualification or release as a volunteer for the William S. Hart Union High School District.

While acting in the capacity of a William S. Hart Union High School District volunteer, I understand that I must wear proper site and/or District identification in accordance with District regulations. I also understand that without this identification I may be asked to leave an activity or school/district property.

Applicant Signature: _____ Date: _____



William S. Hart Union High School District

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP or SCHOOL ACTIVITY **ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION**

Name: _____ School/Dept: _____
Last First MI

Type of volunteer/employee: _____
(Please be specific)

Purpose of Participation: _____
(Chaperone, Volunteer/ Employee Driver, Coach etc.)

School: _____ Group/Team: _____

As provided for in California Education Code Section 35330, I agree to hold the William S. Hart Union High School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the gross negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, transportation, and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. I understand this authorization for treatment will remain valid until it is withdrawn by me in writing.

Signature _____ Date _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

Health Insurance Company: _____ Policy Number: _____

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box below:

Instructions attached

No instructions attached

Distribution: (1) School Administrator • (1) Director of Transportation • (1) Applicant



Code of Ethics - Coaches

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context and in accordance with Title V of the California Administrative Code of Ethics is presented.

1. Show respect for players, officials and other coaches.
2. Respect the integrity and judgment of game officials.
3. Establish and model fair play, sportsmanship and proper conduct.
4. Establish player safety and welfare as the highest priority.
5. Provide proper supervision of students at all times.
6. Use discretion when providing constructive criticism and when reprimanding players.
7. Maintain consistency in requiring all players to adhere to the established rules and standards of the game to be played.
8. Properly instruct players in the safe use of equipment.
9. Avoid exerting undue influence on a pupil's decision to enroll in an athletic program at any post-secondary educational institution.
10. Avoid exerting undue influence on pupils to take lighter academic course(s) in order to be eligible to participate in athletics.
11. Avoid suggesting, providing or encouraging any athlete to use non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
12. Avoid recruitment of athletes from other schools.
13. Follow the rules of behavior and the procedures for crowd control as established by the local board and the league in which the school participates.
14. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
15. Support the principles of Pursuing Victory with HonorSM.
16. Accept and fulfill the contractual and sponsorship commitments made by the CIF Southern Section during playoff competition.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating coaches agree that he/she will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, I agree to only provide non-muscle building, nutritional supplements to student athletes. (State Rule 22.B12)

Printed Name of Coach

School

Signature of Coach

Date

A copy of this form must be kept on file in the Athletic Administrator's office at the local high school and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.