

**COMMUNITY COACH  
COBB COUNTY SCHOOL DISTRICT APPLICATION  
APPLICANT MUST BE 21 YEARS OF AGE OR OLDER**

Name of school to which you are applying: \_\_\_\_\_ Sports you are qualified to assist: \_\_\_\_\_

Do you hold a GHSA Community Coach Certification? \_\_\_\_\_ If yes, list schools where you have coached: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of Social Security No.: \*\*\*-\*\*-\_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you at least 21 years old? Yes No

Email Address: \_\_\_\_\_

Do you hold a college degree? \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Describe Job Responsibility: \_\_\_\_\_

List two (2) references who can attest to your character, ability to assist in the sports listed above and assure you will be a positive role model for high school age students (should not be immediate family member).

1. Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Have you ever been convicted, pled guilty, pled nolo contendere, or entered a plea of First Offender to any criminal offense, excluding minor traffic offenses? (DUI, DWI, and/or possession or distribution of illegal drugs must also be reported, exclude events that occurred when you were a minor unless you were prosecuted as an adult).	Yes _____ (if yes, please explain on back of form) No _____
Are you now under investigation for any criminal offense?	Yes _____ (if yes, please explain below) No _____

**\*\* Failure to disclose will result in automatic disqualification.\*\***

<u>TYPE OF OFFENSE</u>	<u>DATE</u>	<u>NAME OF LAW ENFORCEMENT AUTHORITY</u>	<u>DISPOSITION (OUTCOME)</u>
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**APPLICANT SIGNATURE STATEMENT  
READ THIS STATEMENT AND SIGN AFTER COMPLETING THE APPLICATION**

I have read the procedures for Community Coach/Retired Coach employees working with the Cobb County School District and agree to abide by those procedures. I understand that the application, references, and other data are the property of the Cobb County School District and cannot be returned. By filing this application with the Cobb County School District, I agree to abide by all the policies as set forth by the Cobb County Board of Education. I authorize full investigation of the information given in this application and consent to the representative of the Cobb County School District contacting my references, previous employers, and schools attended, court officials and law enforcement authorities and other individuals. I understand that the Cobb County School District may investigate sources or references other than those given in this application. I acknowledge that all references will be confidential information. I understand that nothing in this application, in the statements or policies of the Cobb County School District or Board Official is intended to create a contract. No promises of employment have been made to me. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal.

APPLICANTS'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By signing this application, I approve/recommend the above candidate for the position of Community Coach with Cobb County School District.

PRINCIPAL/DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR OFFICE USE</b>	Complete the below if the applicant is required to take GHSA Community Coach Classes. FEE: \$325.0 (non-refundable) – Checks need to be made payable to GHSA. Personal checks will NOT be accepted.		
	Are you a GHSA Official/Referee?	Yes	No
	Prepare/First Aid:	Date:	Site:
	Principles for Coaching:	Date:	Site:
	Date Background Check Completed:	Date application completed online:	Date Payment Mailed: