



OXFORD HILLS *Athletic Boosters*

Coach and Coordinator Application

Please indicate the position being applied for: Program Coordinator Volunteer Coach

Applicant Information

Applicant's Legal Name: _____ DOB: _____

(Include maiden name and/or all other prior last names, if applicable)

Mailing Address: _____

Physical Address: _____

Phone (home): _____ (cell): _____ (work): _____

Email Address: _____ Do you have first aid training? _____

Describe position applied for (include: program, coach/coordinator position, grade level, town, team, etc.):

What involvement, experience, or skills do you have that would make you a candidate to serve as a coach and/or coordinator for youth sports?

References

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I, _____, understand that as part of the position being applied for, all student and coach information is strictly confidential. I also understand that when I am no longer a coach or coordinator, any confidential information I have learned must be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a coach or coordinator and may result in legal action against me.

I understand that I must comply with all OHAB policies, MSAD #17 regulations, and school rules. I further understand that my authorization to serve as a coach or coordinator may be terminated at the discretion of the OHAB board.

Signature: _____ Date: _____



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Background

Have you ever been charged with or investigated for sexual abuse or harassment? Yes _____ No _____

Other than minor traffic offense, have you ever:

Been convicted of a crime? Yes _____ No _____

Entered a plea of guilty or "no contest" (nolo contendere) to a crime? Yes _____ No _____

Had a court defer, file or dismiss proceeding without a finding of guilt? Yes _____ No _____

Been required to pay a fine, penalty or court costs? Yes _____ No _____

Had a court impose a requirement as to your behavior for a period of time? Yes _____ No _____

If you answered YES to any of the previous questions, provide full details on an attached page(s), including with respect to court actions, the date, offense in question and the address of the court involved.

If you have lived outside of Maine, please identify the states and dates: _____

Refusal to provide authorization for reference and/or criminal records checks, and/or providing false or misleading information on this application, shall constitute sufficient reason to deny approval to serve as a coach, or may result in termination as an existing coach, in the Oxford Hills Athletic Boosters program.

I, _____, understand that the Oxford Hills School District performs reference and criminal records checks on all coaches and I authorize persons and entities contacted by the District in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the District, its agent and officials, or against any provider of such information.

Signature: _____ Date: _____

Return completed application to current Program Coordinator, or to the Board of Directors at ohboosters@msad17.org.

Office Use Only:

_____ Previous Background Check for school/program: _____

_____ Application reviewed for completeness

_____ References checked (attach documentation)

_____ Criminal record checked (attached documentation)

Application Approved: _____ Application Denied: _____ Date: _____