



Dr. David M. Zuilkoski, *Superintendent of Schools*
 Michael F. Thornton, *CVHS Principal*
 Dina Henry, *Athletic Director*

APPLICATION FOR VOLUNTEER COACH

Name: _____ Sport: _____ Season: _____

Address: _____

Home Phone: _____ Work/Cell _____

Email Address: _____ SSN(optional) _____

Employer Name/Address _____

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I am applying for the position of Volunteer Coach with a full understanding of the following, this is not a paid position and will not become a paid position at any time during this assignment. I agree to familiarize myself with and attend periodic training regarding CV School District policies on topics such as, acceptable use, harassment, sexual harassment, hazing, drugs, tobacco, and alcohol, child abuse, and volunteering.

 Signature of Volunteer Coach

 Date

Conestoga Valley School District is an equal opportunity institution and does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment of the provision of services, activities and/or programs (Title VI, Title IX, Section 504)



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