

COMMUNITY COACHES ASSIGNMENTS

SCHOOL: _____

SCHOOL YEAR: **2023-2024**

VOLUNTEER COMMUNITY COACHES ONLY – ATHLETIC DEPARTMENT

| COACH'S NAME | SOCIAL SECURITY NUMBER SHOULD BE ON FILE | ADDRESS / ZIP CODE PHONE NUMBER <small>Phone number ONLY for Board employees</small> | SPORT & POSITION | EMPLOYEE Yes/No |
|--------------|--|--|------------------|--------------------|
| | | | | Yes |
| | | | | No |
| | | | | Yes |
| | | | | No |
| | | | | Yes |
| | | | | No |
| | | | | Yes |
| | | | | No |

BY SIGNING THIS FORM, YOU CERTIFY THAT THE COACHES LISTED HAVE CLEARED THEIR BACKGROUND CHECK PROCESS AND THEY ARE ELIGIBLE TO WORK AS A COMMUNITY COACH FOR THE RICHMOND COUNTY BOARD OF EDUCATION. FOR HIGH SCHOOLS ONLY, YOU ARE CERTIFYING THAT THE COACH(ES) LISTED ARE CLEARED THROUGH THE GEORGIA HIGH SCHOOL ASSOCIATION.

Submitted by: _____
(School Athletic Director) **Print and Sign**

Date: _____

Approved by: _____
(Principal) **Print and Sign**

Date: _____

Approved by: _____
(System Athletic Director) **Print and Sign**

Date: _____