|    | ıv | TVDED | EOD  | MC WITL                   | I DE | <b>ACCEPT</b> | CED |
|----|----|-------|------|---------------------------|------|---------------|-----|
| UN | LT | ITPED | FURI | $M > M \times M \times M$ | L DE | ALLEPI        | ED  |

| Applicant Name: |
|-----------------|
| School:         |
| Interview Date: |



## 2025-2026

#### **VOLUNTEER ASSISTANT COACHING PACKET**

All volunteer coaches must annually complete this packet and ensure contact numbers and emergency information is kept current during the school year. Non-disclosure of all information will result in denial of application.

Once filled out completely, signed by the volunteer coach, supervising head coach and school administration, please forward the entire packet to the Athletics Dept. Velasco, Rt. 7. Keep a copy at your site. The original will be returned to you with directions for further processing, or approval to begin coaching.

Fingerprinting for volunteer coaches is good for five (5) school years.

Please keep the original and stamped applications on file at your site for a minimum of 5 years. Do not write on the top of the application on page 1 as this is the space for HCPS Athletic Office to date stamp the application.

| date stamp | the application.  |
|------------|---|
| CHECKLIST: | (Each coach must have an Aktivate account and must upload required documents)   |
|            | 1. Completed application including recommendation, Standards, and Procedures  |
|            | 2. Copy of Certificates of Completion for all required FHSAA/NFHS trainings (Sudden Cardiac Arrest, Concussion in Sports, First Aide Training, and Heat-Illness Prevention). Football coaches must complete the NFHS USA Football Tackling and Contact (football only). |
|            | 3. CPR/AED and First Aid Training   |
|            | 4. PCA Training (High Schools Only)   |
|            | 5. Head coach signature   |
|            | 6. School administration signature  |
|            | 7. Submitted to Athletics Office for preliminary check  |
|            | 8. Fingerprinting/complete process as directed by Athletics Office  |
|            | 9. All originals returned to site with appropriate stamps/signatures  |
|            | 10. Notify head coach and applicant that they may begin coaching  |

### **ONLY TYPED FORMS WILL BE ACCEPTED**



### 2025-2026 APPLICATION FOR VOLUNTEER ASSISTANT COACHING POSITION

### \* AN EQUAL OPPORTUNITY EMPLOYER \*

School District of Hillsborough County workplaces are drug-free. Representatives of the district are prohibited from engaging in unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance. Violation of the prohibition shall result in appropriate disciplinary action, up to and including termination.

| Name              |   |                    |                  |                   | School          |               |             |               |
|-------------------|---|--------------------|------------------|-------------------|-----------------|---------------|-------------|---------------|
| last              |   | first              |                  | mi                |                 |               |             |               |
| f yes, Lawso      | rrent employee on number:                                     |                    |                  |                   |                 | _             | Yes<br>•    | No<br>•       |
| -                 | er served as a vo of service:                                 |                    |                  | -                 | Public Sch      | ools?         | Yes<br>•    | No<br>•       |
| ddress            | street  | city               | state            | zip               | Sport           |               |             |               |
| all Dhono         |   | ,                  |                  | ·                 |                 |               |             |               |
|                   |   |                    |                  |                   |                 |               |             |               |
| mail Address      |   |                    |                  | Sex               | Citizen of      | U.S? Yes      | •           | No            |
| n Case of Emer    | gency, contact:   |                    |                  |                   | Telephone       | e             |             |               |
| RECEN             | NT OCCUPATIONAL   |                    |                  |                   |                 |               |             |               |
| From (Month/Year) | To<br>(Month/Year)  | N                  | ame and Addres   | ss of Employer    |                 | (             | Occupation  | 1             |
|                   |   |                    |                  |                   |                 |               |             |               |
|                   |   |                    |                  |                   |                 |               |             |               |
|                   | CRIMINAL REC  | ORD INFORMA        | TION - ALL A     | PPLICANTS PL      | EASE REAL       | D VERY CAI    | REFULLY     |               |
| TTENTION:         | Under provisions i<br>Florida Departmer<br>"expunged" record  | nt of Law Enforce  | ement and the    | FBI when finge    | erprints are    | supplied, inc | cluding "se |               |
|                   | Be aware that fals<br>a crime will not n<br>remoteness of the | ecessarily be a ba | ar to considerat | ion. Factors suc  | h as age at     | the time of   | the offens  | se, type of o |
|                   | u ever been arrested<br>NOT considered a mi                   |                    |                  | e other than a mi | nor traffic vio | olation?      | Yes •       | No •          |
|                   | any criminal charge<br>nsidered a minor traff                 |                    | inst you other t | han a minor traff | ic violation?   | (DUI is       | Yes •       | No -          |
|                   | currently on probation traffic violation? (DU /2025           |                    |                  |                   | charges oth     | er than       | Yes •       | No -          |

### ONLY TYPED FORMS WILL BE ACCEPTED



If YES to any of the above, give details below on all arrests or charges.

| Date | Location of Charge(s) | Nature of Charge(s) | Disposition of Charge(s) | Is the record sealed? | Is the record expunged? |
|------|-----------------------|---------------------|--------------------------|-----------------------|-------------------------|
|      |                       |                     |                          |                       |                         |
|      |                       |                     |                          |                       |                         |
|      |                       |                     |                          |                       |                         |

PLEASE NOTE: The application of any person with a criminal history requires review and approval to determine eligibility for employment. If you have a criminal history, your application will be held in a pending file until the review process is complete.

| review process is complete.  |       |
|--|-------|
| For each criminal charge listed, provide a narrative account of the circumstances leading to the charge. (You may attach additional pag Include in this statement,   | jes.) |
| <ul> <li>the level of the charge (felony or misdemeanor),</li> <li>the resolution of the charge, and</li> <li>the conditions imposed upon you as a result of the charge.</li> </ul>  |       |
| Depending on the nature and outcome of the charges described below, you also may be requested to secure and provide a copy of arresting agency's report, verification of the court's ruling, and documentation of successful completion of imposed conditions.   | the   |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| I certify that the answers given by me to the foregoing questions and statements are true and correct without any falsification omissions, or misleading statements of any kind whatsoever. I agree that the School District of Hillsborough County shall not be have in any respect if I am not used as a volunteer or if my services are terminated because of false or misleading statements answers or omissions made by me in this application. | held  |
| DATE SIGNATURE OF APPLICANT  |       |

| DATE | SIGNATURE OF APPLICANT |  |
|------|------------------------|--|
|      | =                      |  |



## 2025-2026 RECOMMENDATION FOR VOLUNTEER ASSISTANT COACHING POSITION

| Signature   | Date                             |             |                   |                |      |
|---|----------------------------------|-------------|-------------------|----------------|------|
|   | Date                             |             |                   |                |      |
|   | Excellent                        | Good        | Average           | Fair           | Poor |
| Appearance  |                                  |             |                   |                |      |
| English Usage   |                                  |             |                   |                |      |
| Cooperation and Dependability                         |                                  |             |                   |                |      |
| Emotional Stability                                   |                                  |             |                   |                |      |
| Mature Judgment                                       |                                  |             |                   |                |      |
| Attendance  |                                  |             |                   |                |      |
| Promptness  |                                  |             |                   |                |      |
| Organization and Implementation of Work               |                                  |             |                   |                |      |
| Rapport with Other Employees                          |                                  |             |                   |                |      |
| Discipline  |                                  |             |                   |                |      |
| Motivation to "Go the Extra Mile"                     |                                  |             |                   |                |      |
| Overall Success at Your Business                      |                                  |             |                   |                |      |
| Comment if you wish to provide additional informati   | on regarding the ability, perfor | mance, and, | or attitude of tl | nis applicant. |      |
| In what capacity have you known this applicant?       |                                  |             |                   |                |      |
| Was this person terminated (fired) from his/her emp   |                                  |             |                   |                |      |
| Did this person resign in lieu of discharge from your |                                  |             |                   |                |      |
| Did you enter into any agreement with this person s   | . ,                              |             |                   |                |      |
| Would you employ (re-employ) this person?             | -                                |             |                   |                |      |
| Duisted Name  |                                  |             |                   |                |      |
| Printed Name  | Title                            |             |                   |                |      |
| Signature   | Phone                            |             |                   | Date           |      |

Updated: 4/30/2025



# 2025-2026 STANDARDS AND PROCEDURES VOLUNTEER ASSISTANT COACHING POSITION

The school, administration, coaches, and volunteers shall adhere to Florida High School Athletic Association Bylaws Policy 10.1 Qualifications of Coaches:

### Under 10.1 Qualifications of Coaches

**10.1.1** An individual who serves as a head coach and/or assistant coach at a member school in any sport that is recognized or sanctioned by the Association shall be either:

(C) A volunteer who is approved to serve as a coach by the district school board for a member public school, the governing body for a member nonpublic school, or the cooperative board of directors for a member home school cooperative; provided the individual signs and files with the principal of the member school an agreement to abide by the bylaws, regulations, policies and procedures of the Association.

This provision shall not relieve any public school from its obligations pursuant to Florida Statutes, Department of Education regulations or district school board policy.<sup>1</sup>

- 1. The Principal shall adopt a procedure for assuring that each volunteer coaching aide who at anytime is expected to assume coaching responsibilities of student-athletes possess a clear understanding of state and district rules, policies, and regulations relevant to coaching responsibilities.
- 2. It is the responsibility of the head coach to ascertain before a volunteer coaching aide is assigned duties requiring knowledge of rules, regulations, or policies of a special nature that the volunteer coaching aide possesses the necessary knowledge to perform such duties in a proper and reasonable manner.
- 3. The Principal shall adopt a procedure for assuring that each volunteer coaching aide who at any time is expected to assume coaching responsibilities of the head coach in promoting student-athlete learning possesses a clear understanding of instructional practices and procedures relevant to assigned responsibilities. When a volunteer coaching aide is assigned, duties requiring knowledge of instructional practices of a specialized nature, it is the responsibility of the head coach to ascertain in advance that the volunteer possesses the necessary knowledge.
- 4. Volunteer coaches who have not assisted before shall be supervised in all assignments to provide immediate assistance to the aide at anytime the aide is working directly with students. The length of the supervised practices may vary depending upon the capability and prior experience of the volunteer coaching aide.
- 5. Volunteer coaches shall not be assigned or shall not assume any disciplinary responsibility.



- 6. Volunteer coaches shall not
  - a. Establish instructional objectives
  - b. Make decisions regarding the appropriateness of certain teaching materials for accomplishing objectives
  - c. Make decisions regarding the relevancy of certain activities or procedures to the attainment of objectives.

\*\*\* Items (A) and (B) do not apply to volunteer coaches and have been left off this document. To review items (A) and (B), refer to the FHSAA Handbook.

- 7. The head coach is responsible to the Principal or Principal's designee for a continued evaluation of the volunteer coaching aide.
- 8. <u>Volunteer coaches must be fingerprinted prior to beginning work with student-athletes.</u> The cost of fingerprinting will be borne by the volunteer. Fingerprinting will be valid for five consecutive school years from the date of fingerprinting.
- 9. Volunteer Coaches must submit completion certificates for all required videos each school year prior to any interaction with student-athletes.
- 10. Volunteer Coaches must be CPR/AED/First Aid certified prior to any interaction with student-athletes.
- 11. Volunteer Coaches must attend PCA each school year prior to any interaction with student-athletes.
- 12. <u>Volunteer coaches may be terminated at any time at the discretion of the principal or designee without cause.</u>
- 13. Volunteer coaches must complete all requirements (paperwork, fingerprints, trainings, etc.) and receive clearance from the APA prior to attending any student activities including, but not limited to, conditioning, practices, and/or contest.

The individuals whose names appear below acknowledge they have read and had opportunity to ask questions regarding the contents of this agreement.

| Print Name of Volunteer Coach                    | Signature of Volunteer Coach                           |
|--|--|
| Print Name of Head Coach                         | Signature of Head Coach                                |
| Print Name of Designated Assistant Principal     | Signature of Designated Assistant Principal            |
| c riamic or 2 co.g. acca / loolotaric r rincipal | 5.5. aca. 5 5. 2 55.5. acca / 65.6ca. 16 1 1 11 16.pai |



## **Required Concussion In Sports Course**

Coaches are required to view the free, online course titled, "<u>Concussion in Sports</u>". Follow the instructions below to view the course.

- Go to www.nfhslearn.com
- Use login and password originally created or create one
- Click on "Concussion in Sports" under Free Courses
- Click Order Course (the video is free)
- Select an option and click <u>Continue</u>
- Select Florida as your state
- Click Checkout
- Click <u>Complete Purchase</u> (there should not be a charge unless you are purchasing other videos)

Coaches must upload their certificate of completion to their Aktivate account for the Assistant Principal for Administration to approve prior to coaching (paid and volunteer coaches).

## **Required Heat Illness Prevention Course**

Coaches are required to view the free, online course titled, "Heat Illness Prevention". Follow the instructions below to view the course.

- Go to www.nfhslearn.com
- Use login and password originally created or create one
- Click on "<u>Heat Illness Prevention</u>" under Free Courses
- Click Order Course (the video is free)
- Select an option and click Continue
- Select Florida as your state
- Click Checkout
- Click <u>Complete Purchase</u> (there should not be a charge unless you are purchasing other videos)

Coaches must upload their certificate of completion to their Aktivate account for the Assistant Principal for Administration to approve prior to coaching (paid and volunteer coaches).

# **Required Sudden Cardiac Arrest Course \*\*\***

Coaches are required to view the free, online course titled, "<u>Sudden Cardiac Arrest</u>". Follow the instructions below to view the course.

- Go to www.nfhslearn.com
- Use login and password originally created or create one
- Click on "Sudden Cardiac Arrest" under Free Courses
- Click Order Course (the video is free)
- Select an option and click <u>Continue</u>
- Select Florida as your state
- Click Checkout
- Click <u>Complete Purchase</u> (there should not be a charge unless you are purchasing other videos)

Coaches must upload their certificate of completion to their Aktivate account for the Assistant Principal for Administration to approve prior to coaching (paid and volunteer coaches).

\*\*\* See APA for other options



# **Cheer and Dance Safety Certification Course (Formerly AACCA)**

**Cheer Paid Coaches are required** to view the online course titled, "*Cheer and Dance Safety Certification*". Follow the instructions below to view the course.

- Go to www.nfhslearn.com
- Use login and password originally created or create one
- Click on "Cheer and Dance Safety Certification"
- Select Florida as your state
- Click Order Course
- Click <u>Checkout</u>. Cost is \$85. Approved Coaches will receive an email from the NFHS with a link to the pre-paid course (do not share link only valid one time). This course is purchased by the HCPS Athletics Department. There will be a registration deadline for coaches that need to take this course. Requests after this deadline will be at the school and/or coach's expense.
- Click <u>Complete Purchase</u> (there should not be a charge unless you are purchasing other videos)

Coaches must upload their certificate of completion to their Aktivate account for the Assistant Principal for Administration to approve prior to coaching (paid and volunteer coaches). Certificates are valid for 4 years per the FHSAA.

### **NFHS Football Tackling Course**

**All Football Coaches are required** to view the online course titled, "<u>NFHS Football Tackling Course</u>". Follow the instructions below to view the course.

- Go to www.nfhslearn.com
- Use login and password originally created or create one
- Click on "Courses"
- Select "Football Tackling" (the video is free)
- Select Florida as your state
- Click Order Course
- Click Complete Purchase (there should not be a charge unless you are purchasing other videos)

Coaches must upload their certificate of completion to their Aktivate account for the Assistant Principal for Administration to approve prior to coaching (paid and volunteer coaches). This course must be viewed every 4 years per the FHSAA.