

**2018-2019
APPLICATION FOR VOLUNTEER COACH**

ORLAND UNIFIED SCHOOL DISTRICT
903 South Street
Orland, CA 95963
TELEPHONE: 530/865-1200

FOR OFFICE USE ONLY	
Live Scan	_____
TB	_____
Photo	_____
Badge	_____
Fund of Coaching	_____
CPR	_____
Sudden Cardiac Arrest	_____
Concussion Course	_____

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME			
SPORT		SCHOOL SITE			
SPORT		SCHOOL SITE			
ADDRESS	Number	Street	City	State	Zip Code
TELEPHONE NUMBER			CA DRIVER'S LICENSE NUMBER		

Emergency contact and phone number:

1. Name _____ Phone _____
2. Name _____ Phone _____

VOLUNTEER COACH HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

_____, herein referred to as "volunteer coach", has been approved by the Superintendent or Superintendent's designee to provide unpaid services to the Orland Unified School District effective _____ through _____ for the purpose of: _____

"Volunteer Coach" understands and hereby agrees to hold the District, its Board, Officers, Employees, Students, Volunteers and Agents, harmless for any loss, damage or injury sustained by "Volunteer Coach", from any cause whatsoever, arising out of or in connection with the above activity. "Volunteer Coach" understands that any injury or illness arising out of and in the course of approved unpaid service may entitle "Volunteer Coach" to benefits under the State of California Workers' Compensation laws.

AGREED AND ACCEPTED THIS _____ DAY OF _____

Signature of "Volunteer Coach"

Signature of Superintendent

Coach _____ Driver _____