

NEW VOLUNTEER COACH PACKET

(New volunteer coaches to the District only)

Step 1

Applicant submits all of the following to the site Athletic Director:

- Employment application- **attached**
- Advanced Research Background Check form- **attached**
- Fingerprint Information Sheet form- **attached**
- Immunization form - **attached**
- Personal Emergency form- **attached**
- Staff Conduct form- **attached**
- Loyalty Oath of Office form- **attached**
- Drug Free Workplace form- **attached**
- 1 Letter of recommendation from Varsity/Head Coach
- 3 Letters of recommendation about the applicant's character, experience, and ability to work with young people.
- Proof of Valid CPR certification

Step 2

- **Athletic Director** submits applicant name on coaching spreadsheet and attaches all required documents to Lea Vasquez.

Step 3

- District contacts applicant for fingerprinting if applicant does not have fingerprint card.
- When Advanced Research background check report is received and is favorable including all required documents for non-staff coaches, Lea Vasquez will notify Athletic Director applicant may begin to coach. All non-staff coaching hires are contingent upon Governing Board approval.

NO COACH SHALL BEGIN COACHING UNTIL ALL STEPS ARE COMPLETED.

Athletic Director Signature

Date

Athletic Director submits this form with attachments to the HR Specialist-Classified (Lea Vasquez)

TOLLESON UNION HIGH SCHOOL DISTRICT

9801 WEST VAN BUREN STREET - TOLLESON, ARIZONA 85353

(623) 478-4000 FAX (623) 478-4116

VOLUNTEER / NON STAFF PAID COACH APPLICATION

Name: _____
Last First Middle Social Security Number

Mailing Address: _____
Street City/State Zip

Date of Application: _____ Date of Availability: _____

POSITION DESIRED [] PAID COACH [] VOLUNTEER COACH AREA: _____
DESIRED SITE [] DISTRICT [] T.U.H.S. [] W.H.S. [] L.J.C.H.S. [] C.C.H.S. [] S.L.H.S.

THE APPLICANT MUST:

1. Provide at least three (3) letters of recommendations about the applicant's character, experience and ability to work with young people.
2. Provide a written recommendation from the Building Administrator or Varsity Coach who wishes to use the applicant.
 - a. Volunteer coaches must attend an in-service orientation provided by the Athletic Director. The material will include District Policy, District Athletic Policy and A.I.A. Rules and Regulations.
 - b. Volunteer coaches must provide proof of completion of a basic First Aid course or CPR course.
 - c. Volunteer coaches must be interviewed and approved by the Athletic Director.
3. Be fingerprinted.
4. Be approved by the Board of Education.

PERSONAL DATA (Please type or print)

1. Other name(s) used: _____
2. Home Phone: () _____ 3. Message Phone: () _____
4. Present Position: _____
5. Have you ever been dismissed from a position? [] Yes [] No
If yes, explain: _____
6. Have you ever been asked to resign from a position? [] Yes [] No
If yes, explain: _____
7. Have you ever been disciplined for any reason which resulted in suspension from work (with or without pay)? [] Yes [] No
If yes, explain: _____
8. Other than English, is there any language(s) that you speak fluently? [] Yes [] No
If yes, list the language: _____
9. Are you currently receiving benefits from the Arizona State Retirement System? [] Yes [] No

AN EQUAL OPPORTUNITY EMPLOYER - The Tolleson Union High School District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

Adopted 10/26/99

CERTIFICATION

9. Arizona certificates now held:

SPECIFIC TITLE OF CERTIFICATE / ENDORSEMENT	EXPIRATION DATE

EDUCATION

10. List schools attended and special training received.

Circle your highest year completed:

High School: 9 10 11 12 College: 13 14 15 16

SCHOOL / LOCATION	MAJOR AREA OF STUDY
High School / G.E.D.:	
Community College:	
University:	

WORK EXPERIENCE

11. List your most recent first:

EMPLOYER	ADDRESS	NATURE OF WORK	DATE

PERSONAL REFERENCES

12. Give the names and complete addresses of three (3) references who are familiar with your character, experience and ability to work with young people. Do not include family members.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YRS. KNOWN

EMPLOYMENT REQUIREMENTS

13. Arizona State Department of Health Services regulations (R9-6-336 and R9-6-349) require that an immunization record for each school volunteer be on file at the time of service. It shall be a condition of approval that the volunteer provide the district with proof of immunization for rubella and rubeola. The only exceptions are provided in District Policy GBGCA Wellness Programs . If even one case of rubella and/or rubeola occurs in the district, those who have filed an exemption will be excluded from work until the district is cleared by the State Department of Health Services.

Adopted 10/26/99

CONVICTION REPORT

The Tolleson Union High School District has a tremendous responsibility to its schools and community and must have information from all applicants and employees regarding convictions. *A record of conviction does not prohibit employment. However, your failure to complete this form accurately and completely may mean disqualification from consideration for employment, or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Director of Personnel.

Please read carefully and answer all questions

- A) Have you ever been convicted of or admitted to in open court pursuant to a plea agreement a minor offense, including driving under the influence, other than a traffic violation? [] YES [] NO
- B) Have you ever been convicted of or admitted to in open court pursuant to a plea agreement a felony? [] YES [] NO
- C) Have you ever been convicted of or admitted to in open court pursuant to a plea agreement a sex or drug related offense? [] YES [] NO
- D) Have you ever been convicted of or admitted to in open court pursuant to a plea agreement a dangerous crime against children as defined in A. R. S. 13-604-01 **? [] YES [] NO

If any of the boxes are marked "YES", fill in the information below and attach a letter of explanation. PLEASE PRINT.

CONVICTION INFORMATION

1. Conviction Charge		Date of Conviction		Court of Conviction	
City	State	Amount of Fine	Length of Jail Term		
Remarks			Length and Terms of Probation		
2. Conviction Charge		Date of Conviction		Court of Conviction	
City	State	Amount of Fine	Length of Jail Term		
Remarks			Length and Terms of Probation		

*CONVICTION means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**A.R.S. 13-604-01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, and sexual abuse.

INFORMATION CERTIFICATION

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Tolleson Union High School District to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Tolleson Union High School District Board of Education has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

SIGNATURE: _____ DATE: _____

Adopted 10/26/1999

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

APPLICANTS CURRENT INFORMATION

Last Name (s) * _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

How long have you lived at this address? _____ ***If Less Than 7 Years, List Previous Addresses Below***

Phone _____ Cell _____

Your Name ***AS IT CURRENTLY APPEARS*** on Drivers License _____

Drivers License # _____ State of Issue _____

Social Security # _____ Date of Birth _____

PREVIOUS NAMES AND ADDRESSES

* If you have used more than one name (married, maiden etc.) please be sure the correct name(s) are listed with the corresponding address. Please indicate at ***which addresses*** you used ***more than one name*** due to a ***Marriage or Divorce***. ***ADDRESS HISTORY MUST COVER 7 YEARS Please attach additional sheets if necessary.***

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

If employed in CA, MN, or OK; I would like a copy of my report. Yes No

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the below-named company.

In connection with my employment, I authorize Tolleson Union High School District to procure a Consumer Report from Advanced Research Systems. I hereby authorize Advanced Research Systems to solicit information about my personal background, including but not limited to previous employment, civil records, criminal records, driving records, military service, workers compensation, education, professional licenses, and any other information requested by the prospective employer. I also authorize the procurement of a consumer credit report. I understand that such a report may contain information about my mode of living, background and personal character. I hereby release all persons, companies, and corporations from any and all liabilities resulting from providing the prospective employer and/or its designees this information.

I may request a copy of any report that is prepared regarding me and I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." According to the FCRA, I am entitled to know if employment has been denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer reporting agency: Advanced Research Systems 1867 Ygnacio Valley Rd Suite 129 Walnut Creek CA 94598 1.888.239.3040

I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge.

Applicants Signature _____ Date _____

Tolleson Union High School District #214

FINGERPRINT INFORMATION SHEET

Please Print Clearly

FULL Legal Name (no abbreviations)

LAST FIRST MIDDLE

Address: _____

City: _____ State: Arizona Zip: _____

Date of Birth (DOB): _____

Country of Citizenship: _____

Sex: _____

Race: _____ (Refer to back of form for race categories)

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Place of Birth (POB): _____

Social Security #: _____

Name of position to be hired as: _____

Paid employees/coaches only:

I understand that I am required to pay \$22.00 for my fingerprint screening fee and hereby elect the following:

Deduct payment from my paycheck(s) in:
Select one:

- 1. One payment of \$22.00
- 2. Two payments of \$11.00 each

Acknowledgement:

Employee Signature Date

Fingerprinted by:

Signature Date

Type of Photo ID used to verify the applicant's identity (effective January 1, 2008)

Driver's license _____ Passport _____ Form I-551 _____ MVD Issued ID Card _____ Other: _____
Please Specify

Changes to Race & Ethnicity Categories for Federal Reporting

The U.S. Department of Education requires all states to collect information on the ethnicity of public school students and staff. The federal government recently established new guidelines for purposes of collecting this data. As a result, individuals will now identify themselves by ethnic group (Hispanic/Latino or Not Hispanic/Latino) and by one or more racial groups – American Indian, Asian, Black, Pacific Islander, and White.

For State reporting purposes, please answer the following two questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you consider yourself to be of Hispanic/Latino origin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Which of the following groups describe your race? (Please Circle - You may select more than one) | | |

WH	White: person with origins in any of the original peoples of Europe, the Middle East, or North Africa.
BL	Black or African American: Person has origins in any of the black racial groups of Africa.
AS	Asian: Person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
AM	American Indian or Alaska Native: Person has origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
PI	Native Hawaiian or Pacific Islander: Person has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.



ADMINISTRATIVE CENTER
9801 West Van Buren Street
Tolleson, Arizona 85353
(623) 478-4000
(623) 936-5048 Fax
Website: www.tuhsd.org

GOVERNING BOARD
Corina Madruga, President
Devin Del Palacio, Vice President
Steven Chapman, Member
Dr. Kino Flores, Member
Freddie Villalon, Member

SUPERINTENDENT
Nora Gutierrez

Notice to Applicants:

Arizona State law requires that school districts fingerprint all educational support employees hired after January 1, 1990. Fingerprints will be taken at the district office Human Resources department and processed through the Arizona Department of Public safety and the Federal Bureau of Investigation. If you are offered a paid position with the Tolleson Union High School District, the district *will* charge you for fingerprints. If you are applying to volunteer, the district *will not* charge you for fingerprints.

If you have a criminal history record, Human Resources will provide you the opportunity to complete or challenge the accuracy of the information in the record. You are afforded two weeks to correct or complete the record (or decline to do so) before Human Resources denies you the job for which you are being recommended for hire based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

LEGAL REF.:
A.R.S.
15-512

Adopted: November 12, 2013

TOLLESON UNION HIGH SCHOOL DISTRICT #214

Note: Must complete form - Rubella, under 45
Measles, under 32 on 1-1-89

Name:
Address:
City:
County:
Birth Date:
Sex:

IMMUNIZATION DATES:

Measles/Diphtheria/Rubella (MMR)	Mo	Day	Yr
Measles/Rubella (MR)	Mo	Day	Yr
Measles	Mo	Day	Yr
Rubella	Mo	Day	Yr
Diphtheria	Mo	Day	Yr
Tetanus/Diphtheria - Last Dose	Mo	Day	Yr

SOURCE OF VERIFICATION (Check one)

Medical Record
 School Record
 Laboratory Confirmation (I.E., Blood Title) Please attach.
 Personal Recall

THE ABOVE INFORMATION MUST BE COMPLETED TO VERIFY IMMUNIZATION IF YOU SIGN #1 IN THE ADJACENT COLUMN.

PLEASE SIGN APPROPRIATE STATEMENT.

1. CERTIFICATION OF COMPLETED IMMUNIZATION
I hereby certify to the best of my knowledge and belief I have received the Measles/Rubella vaccines required by the regulations of the Arizona Department of Health Services.

Signature _____ Date _____

2. REQUEST FOR EXEMPTION
I hereby request an exemption from the immunization requirements of the Regulations of the Arizona Department of Health Services. Please check the reason for requesting the exemption.

- () My physical condition is such that the required vaccines would seriously endanger my health.
 - () My religious teachings are opposed to such immunization.
 - () Because of my personal beliefs, I do not choose vaccine protection against Measles/Rubella and request exemption.
 - () I have had Measles and/or Rubella. Attach statement from doctor which affirms serologic evidence.
- *Please state condition or medication which requires exemption from the vaccine.

Signature _____ Date _____

I have read the above and have been counseled by the Health Services Personnel and understand that if a Measles/Rubella outbreak should occur I would be required to be excluded from work for the incubation period of the disease.

Signature _____ Date _____

School or Work Location _____

**Tolleson Union High School District # 214
PERSONAL EMERGENCY FORM**

Employee Name _____

Department _____

In case of an emergency, please contact the following person:

Name

Relationship

Home Telephone

Business Telephone Extension

In the event you cannot reach the above person, please contact:

Name

Relationship

Home Telephone

Business Telephone Extension

Doctor's Name

Doctor's Telephone

Health Insurance Company

Preferred Hospital

EXHIBIT

EXHIBIT

STAFF CONDUCT

NOTIFICATION CONCERNING NONAPPEALABLE OFFENSES

Notice is herein provided, in accordance with A.R.S. 15-550, that any employee of a public school district or charter school in this state who is *arrested for or charged with* one (1) or more of the offenses listed below as nonappealable offenses precluding that person from receiving a fingerprint clearance card shall immediately report the arrest or charge to the person's supervisor or the person shall be immediately dismissed from employment with the public school district or charter school. A person dismissed from employment for failure to report being arrested for or charged with a nonappealable offense has no right to appeal under the provisions of A.R.S. 15-539, subsection G.

1. Sexual abuse of a vulnerable adult.
2. Incest.
3. First or second degree murder.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child prostitution as prescribed in section 13-3212.
10. Child abuse.
11. Abuse of a vulnerable adult.
12. Sexual conduct with a minor.
13. Molestation of a child.
14. Molestation of a vulnerable adult.
15. A dangerous crime against children as defined in section 13-705.
16. Exploitation of minors involving drug offenses.
17. Taking a child for the purpose of prostitution as prescribed in section 13-3206.

EXHIBIT

EXHIBIT

18. Neglect or abuse of a vulnerable adult.
19. Sex trafficking.
20. Sexual abuse.
21. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
22. Furnishing harmful items to minors as prescribed in section 13-3506.
23. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
24. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
25. Luring a minor for sexual exploitation.
26. Enticement of persons for purposes of prostitution.
27. Procurement by false pretenses of person for purposes of prostitution.
28. Procuring or placing persons in a house of prostitution.
29. Receiving earnings of a prostitute.
30. Causing one's spouse to become a prostitute.
31. Detention of persons in a house of prostitution for debt.
32. Keeping or residing in a house of prostitution or employment in prostitution.
33. Pandering.
34. Transporting persons for the purpose of prostitution, polygamy and concubinage.
35. Portraying adult as a minor as prescribed in section 13-3555.
36. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
37. Unlawful sale or purchase of children.
38. Child bigamy.

EXHIBIT**EXHIBIT**

Further, an employee who is *convicted* of one (1) or more of the above listed offenses shall immediately:

- Surrender any certificates issued by the department of education.
- Notify the person's employer or potential employer of the conviction.
- Notify the department of public safety of the conviction.
- Surrender the person's fingerprint clearance card.

By my signature I acknowledge receipt of a copy of this notification concerning nonappealable offenses.

Employee signature

Date

Tolleson Union High School District #214

LOYALTY OATH OF OFFICE

Every school employee shall take and subscribe to the oath prescribed for public officers pursuant to A.R.S. 38-231. The person taking the oath shall file a copy of the acknowledged oath in the District office. The District office shall keep such copy on file as long as the employee remains employed by the District and for a period of five (5) years after termination of employment with the District.

LEGAL REF.: A.R.S. 38-231

In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before entering upon the duties of office or employment, any officer or employee shall take and subscribe to the following oath or affirmation:

State of Arizona, County of _____,
County

I, _____, do solemnly swear (or affirm)
Print Name

that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of _____

Name of Office/Job Title

according to the best of my ability, so help me God (or so I do affirm).

Officer/Employee Signature

Date

Legal Ref: A.R.S. 38-231

TOLLESON UNION HIGH SCHOOL DISTRICT NO. 214

DRUG - FREE WORKPLACE***NOTICE TO EMPLOYEES***

YOU ARE HEREBY NOTIFIED that it is a violation of Policy GBEC for any employee to violate the law or District policy in the manufacture, distribution, dispensing, possession, or use, on or in the workplace, of alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15.

Workplace includes any place where work is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; and off school property during any school-sponsored or school-approved activity, event, or function, such as a field trip or athletic event, where students are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used by the District for any educational purpose.

YOU ARE FURTHER NOTIFIED that it is a condition of your employment that you will comply with Policy GBEC, and will notify your supervisor of your conviction under any criminal drug statute for a violation occurring in the workplace, not later than 5 days after such conviction.

Any employee who violates the terms of the District's drug-free workplace policy in any manner is subject to discipline, which may include, but is not limited to, dismissal and/or referral for prosecution.

I have been provided with two (2) copies of this Notice to Employees for my review and signature. I understand that a signed copy will be placed in my personnel file.

Signature

Date

REGULATION REGULATION**SCHOOL VOLUNTEERS****(Volunteer and Nonstaff Coaches)**

The applicant must:

- Be at least twenty-one (21) years of age.
- Be fingerprinted or have a valid certificate (regular, substitute, or emergency).
- If a nonstaff coach, provide at least three (3) letters of recommendation, one (1) of which is from the varsity coach who wishes to use the applicant, about the applicant's character, experience, and ability to work with young people.
- If a nonstaff coach, provide proof of completion of a basic first aid course or cardiopulmonary resuscitation (CPR) course.
- If a nonstaff coach, be interviewed by the Superintendent or the Superintendent's designee(s).
- Be approved by the Governing Board.
- If a nonstaff coach, attend an in-service orientation provided by the athletic director. The material will include District policy, District athletic policy, and Arizona Interscholastic Association (AIA) rules and regulations.