COACH APPLICATION PACKET

Santa Ynez Valley Union High School District
2975 E Hwy 246/P.O. Box 398
Santa Ynez, CA 93460
805-688-6487

SALARY: **TBA/is determined by shares on Co-Curricular Salary Schedule**
Salary is divided into 3 payments/season

STARTING DATE: **Conditioning Season of Sport**

APPLICATION DEADLINE: **Open until positions are filled**

QUALIFICATION: Must be in good health and possess appropriate physical strength to perform duties as a Coach. Applicant must work well with teenagers and the general public, and have the ability to interact positively with staff.

REQUIRED CERTIFICATIONS: Refer to Part B – QUALIFICATIONS AND COMPETENCIES of the Noncertificated Temporary Athletic/Co-Curricular Coach Supplemental Application

TO BE CONSIDERED FOR THESE POSITIONS, WHEN RETURNED TO THE DISTRICT OFFICE, THE APPLICATION PACKET MUST INCLUDE THE FOLLOWING:

1) Completed Application
2) Resume
3) Noncertificated Temporary Athletic/Co-Curricular Coach Supplemental Application
4) A copy (front and back) of required certifications
5) Supplemental Application Date
6) Applicant Information for Live Scan Service

PLEASE PROVIDE CURRENT PHONE NUMBERS FOR WORK REFERENCES LISTED ON THE APPLICATION.

Depending on the number of applicants, a paper screening committee may be used to screen applicants to select those to be interviewed. Interview date has not been determined at this time. **The applicant who is selected for each position must pass a pre-employment physical and fingerprint clearance which will be scheduled and paid for by the district.**

PLEASE RETURN COMPLETED APPLICATION PACKET TO LAURA CYPERT, DISTRICT OFFICE, SANTA YNEZ VALLEY UNION HIGH SCHOOL, P.O. BOX 398, SANTA YNEZ, CA 93460

The Board of Education does not discriminate on the basis of actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, age or mental or physical disability, section 504 disability or any other unlawful consideration.

Santa Ynez Valley Union High School District
2975 E Hwy 246/P.O. Box 398
Phone - (805) 688-6487

Position applied for_____ **Date**_____

NAME_____ **Social Security Number** __ __ __ - __ __ - __ __ __ __
(Last) (First) (Middle)

Present Address _____ **Phone**:_____
(Street or P.O.)

_____ _____ _____
(City) (State) (Zip Code)

PREVIOUS EMPLOYMENT EXPERIENCE (Please provide complete information, including phone number, so employment data can be verified).

Dates From To	Former Employer, Location & Phone No.	Position Title	Immediate Supervisor, Title

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EDUCATIONAL TRAINING

Name of Institution	City and State	Date From To	Program Completed

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REFERENCES: (Limit your references to those people who best describe your competencies as they relate to this position. Indicate those who should not be contacted at this time).

Name/Position	Employing Agent/Address	Telephone Number

_____
(Applicants Signature)

_____
(Date)

RETURN APPLICATION TO:

District Office
Santa Ynez Valley Union High school
P.O. Box 398
Santa Ynez, CA 93460

AN EQUAL OPPORTUNITY EMPLOYER

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NONCERTIFICATED TEMPORARY ATHLETIC/CO-CURRICULAR COACH
SUPPLEMENTAL APPLICATION
Santa Ynez Valley Union High School District
PERSONNEL SERVICES

California Education Code Section 35179.5 requires that the State Board of Education adopt rules and regulations that establish minimal qualifications and ethical conduct practices for persons who are employed by school districts to serve in a limited assignment supervising athletic/co-curricular activities of pupils (noncertificated coaches have no authority to give grades to students).

The law specifies that at the first regular meeting of the Board of Education or within 30 days after selection of the temporary athletic/co-curricular coach, whichever is sooner, the District Superintendent shall certify to the Board that the provisions in Section 5593 (Qualifications and Competencies) have been met.

GENERAL INFORMATION

_____ _____
Last Name First Name Social Security Number

_____ Home Phone _____
Mailing Address City Zip Work Phone _____

_____
Sport/Activity - Frosh/JV/Varsity

List of Previous Coaching/Co-Curricular Experience:
_____
_____
_____

1-5 _____ 6-10 _____ 11+ _____ years
SYVUHSD Coaching experience in this sport

REFERENCES (Limit your references to those people who best describe your competencies as they relate to this position).

Name/Position	Employing Agent/Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. GENERAL CONDITIONS

The governing board of any school district may use a noncertificated temporary athletic/co-curricular program coach to supervise and instruct interscholastic athletic/co-curricular programs and activities subject to the following general conditions:

1. An annual search among the District's certificated employees has not identified coaching personnel able to fulfill the District's athletic/co-curricular coaching needs.

2. The District shall not use any noncertificated temporary athletic/co-curricular coach who has been convicted of any offense referred to in Education Code Sections 44010, 44011, or 44424 or any offense involving moral turpitude or evidencing unfitness to associate with children. The noncertificated athletic/co-curricular coach has been informed and agreed to submit his/her fingerprints, prior to commencing his/her assignment.

3. The District shall not use any noncertificated temporary athletic/co-curricular coach who has not had fingerprint clearance and a pre-employment physical including a back x-ray and TB test form a physician authorized/approved by the District.

4. The noncertificated head coach is at least 21 years of age. The noncertificated assistant coach is at least 18 years of age.

B. QUALIFICATIONS AND COMPETENCIES

THE DISTRICT SHALL ESTABLISH A TEMPORARY ATHLETIC/CO-CURRICULAR TEAM COACH'S QUALIFICATIONS IN EACH OF THE FOUR SPECIFIED SECTIONS BELOW:

I. Care and prevention of athletic injuries, basic sports injury first aid, and emergency procedures as evidenced by one or more of the following **(online certification not accepted)**:

CERTIFICATION DATE_____ EXPIRATION DATE_____

___A. A valid sports injury certificate or First Aid card; and a valid CPR card; or
___B. Completion of a college-level course in the care and prevention of athletic injuries and possession of a valid CPR card; or
___C. A valid Emergency Medical Technician (EMT) I or II card; or
___D A valid trainer's certification issued by the National or California Trainer's Association (NATA/CATA); or
___E. Practical experience under the supervision of an athletic coach or trainer or assisted in team athletic training and condition, and has both valid CPR and First Aid cards.
___F **WATER SPORTS ONLY:** Possession of an American Red Cross Emergency Water Safety Course Certificate or equivalent qualifications as determined by the Department of Health Services; and certification in CPR and First Aid. CERTIFICATION DATE: _____ EXPIRATION DATE _____

II. Coaching theory and techniques in the sport or game being coached, as evidenced by one or more of the following:

___A. Completion of a college course in coaching theory and techniques;
___B. Inservice programs arranged by the school district or county office of education; or
___C. Prior service as a student coach or assistant athletic coach in the sport or games being coached; or
___D. Prior coaching in community youth athletic programs in the sport to be coached; or
___E. Prior participation in organized competitive athletics at the high school level or above in the sport to be coached.

III. Child or adolescent psychology as it relates to sports participation as evidenced by one or more of the following:

___A. Completion of a college-level course in adolescent or sports psychology; or
___B. Completion of a seminar or workshop on human growth and development of youth; or
___C. Prior active involvement with you in a school or community sports program.

IV. Knowledge of the rules and regulations pertaining to the sport or game being coached, the league rules, and CIF regulations and the SYVUHS Coaches Handbook prior to commencing the assignment. Yes _____

I certify the above statements to be true and accurate to the best of my knowledge.

_____	_____	_____	_____
Signature (Coach)	Date	Signature (Athletic Director)	Date
_____	_____	_____	_____
Signature (Principal)	Date	District Authorization	Date

EQUAL OPPORTUNITY EMPLOYER

SUPPLEMENTAL APPLICATION DATA
Santa Ynez Valley Union High School District

Please type or print: This Supplemental Application Data form is a part of the application process. All information on this form is confidential and will be kept separate from the application form. At no time will this information be available to any person involved in the hiring process. Thank you for responding.

CONVICTION RECORD

All applicants must complete this section of the Supplemental Application Data Form. If you have a record of conviction for offenses other than minor traffic violations, it is required that you disclose the information at this time. A conviction record is not an automatic bar to employment. Each case is decided individually.

TITLE OF POSITION DESIRED:_____

Your Name_____ Social Security #: _ _ _ - _ _ - _ _ _ _

Have you ever been convicted of a criminal offense other than a traffic violation? ☐ Yes ☐ No

IF YES, LIST ALL CASE(S) BELOW AND PROVIDE INFORMATION REQUESTED

CHARGE OR NATURE OF OFFENSE	DATE OFFENSE OCCURRED	DISPOSITION OF THE PENALTY IMPOSED

I certify and declare under penalty of perjury that the foregoing is true and correct. I further understand that any misrepresentation of facts contained on this application is cause for rejection of application, removal from the eligibility list or dismissal.

Signature:_____ Date:_____

Please complete the following information. If you are selected for a position with the Santa Ynez Valley Union High School District, a Livescan Fingerprint form will be typed up for you to take with you when you go for fingerprinting.

Applicant Information for Livescan Service

(Please Print or Type)

Name of Applicant:_____

Position or Job Title:_____

AKA's: _____

Place of Birth:_____ Date of Birth:_____

Height:_____Weight:_____ Sex: ☐ Male ☐ Female

California Driver's License No:_____ Eye Color:_____Hair Color:_____

Social Security No:_____

Home Address: _____
(Street Address, City, State and Zip Code)

Phone Number: (____)_____

Emil Address: _____

3/99