PROCEDURE FOR BECOMING A COMMUNITY COACH

Community Coaches are governed by Polk School District Policy IFC.

The Polk School District Board of Education authorizes the School District’s participation in the Community Coach program as adopted by the Georgia High School Association (GHSA). The Community Coaches program shall be operated in full compliance with rules and regulations of the GHSA and the Polk School District.

The Polk School District will use the following priority in hiring coaches:
   a. Certified employees of the local system will be used first.
   b. Retired former certificated coaches will be used next.
   c. Community coaches will be used when certificated employees and retired former coaches are not available.

Community coaches will not serve as the head coach of any sport.

Community coaches must always be under the direct supervision of a certificated coach of the Polk School District. An annual evaluation shall be conducted by the certified coach and athletic director.

The community coach must take and pass examinations furnished by GHSA that includes but is not limited to:
   a. Complete Application (to include reference checks)
   b. First Aid
   c. GHSA Rules and Regulations
   d. Sport Specific Rules

Community coaches must sign a Hold Harmless agreement with the Polk School District agreeing to Hold Harmless the members of the Polk School District Board of Education and any of its employees in the event of an injury the coach might sustain while carrying out the conditions of his contract.

All fees associated with the registration, courses, and testing program for community coaches approved by the Board of Education shall be paid by the school for which they coach. The school principal is authorized to require that the community coach seeking certification reimburse the School for fees paid.

In selecting a community coach the following will be considered:
   a. Coaching experience
   b. Participation in sports
   c. Education background
   d. Philosophy of coaching
   e. Knowledge of sport
   f. References

The community coach will be hired upon completion of a Criminal Background check and recommendation of the Superintendent and the approval of the Board of Education. The community coach shall not serve as a community coach until all requirements have been completed and approved by the Polk School District Board of Education. The position of community coach shall be a temporary position and must be approved annually.

The community coach shall serve at the pleasure of the board.
Community Coach Checklist

Be sure to allow sufficient time to complete all requirements prior to your season. Background checks often take a week to complete and the mandatory courses from GHSA are offered on a set schedule that has registration deadlines that must be met.

- Complete the Polk School District Community Coach Application at the school.

- Complete the Polk School District Hold Harmless Form at the school

- Complete the (GCIC) Background Consent form and take it to the Polk School District Board of Education Office. You will also be required to complete the (NCIC) Fingerprinting process at the Board Office. Please see the fingerprinting instruction sheet for additional information.

- If the criminal background check is cleared, complete a GHSA form at the school for Community Coaches. The completed form must be signed by the Principal and mailed to GHSA with a school check. After GHSA has received the Community Coach form and fee, the community coach applicant may register for the "PREPARE/First Aid" course (4-hour class) and a "Principles for Coaching" course (8-hour class). Please not miss deadlines for registering for classes. Community coach applicants aren't eligible to coach until the PREPARE/First Aid course and Principles for Coach course have been successfully completed.

  The community coach class schedule is on the GHSA website.

- Bring a copy of your certificates of completion for the two (2) exams to the school. This must be completed BEFORE a community coach is allowed to assume any coaching duties.

- Upon completion of the background check and the two GHSA courses, the head coach must submit in writing to the Principal a request that the community coach be approved by the Polk School District Board of Education. The head coach must also indicate if the community coach is going to be paid and the source of funds.

- Each year community coaches must complete a background check and be approved by the Polk School District Board of Education.
PROCESS FOR BECOMING A COMMUNITY COACH
(SCHOOL YEAR 2018-2019)

PROSPECTIVE COACH INFORMATION

IMPORTANT REMINDERS

1. The GHSA requires that all community coaches attend the “PREPARE/First Aid” and the “Principles for Coaching” classes and complete the exams within 90 days of their class date. Prospective coaches are not allowed to coach until after both classes are attended and both exams have been successfully completed.

2. DO NOT CALL THE GHSA OFFICE REQUESTING FORMS, SCHEDULE CHANGES, GHSA PASSES, ETC. The GHSA office respectfully requests that all communications be between the school and the GHSA office. Please go to your school Athletic Director with any questions.

- All community coaches are required to meet all policies and regulations in accordance with the GHSA Constitution and By-Laws. The GHSA strongly recommends all community coach prospects be 21 years of age or older.

- Upon agreement with the school Principal, a registration form is to be filed on your behalf on the new online registration program. Proper payment of fees (a school check or money order) must be mailed immediately. A background check is required and MUST be completed before the application is submitted online to the GHSA office. This background check is the school’s responsibility and must adhere to their policies.

- After the registration application is processed online, your school Athletic Director will be able to see you are registered for the course online at the registration site. You are not permitted to enter the class without your name being on the class roster. The program consists of a “PREPARE/First Aid” course (4-hour class) and a “Principles for Coaching” course (8-hour class).

- You can find the “Directions to Classes” and “Process for Becoming a Community Coach” information on the GHSA website – www.ghsa.net.

- All GHSA CEP registration forms must be complete and submitted online to the GHSA office before the close of business on the deadline date. Exceptions or extensions will not be granted. Please do not ask!

- Shifts in dates and/or sites are not permitted and will not be made by the GHSA office. The only modification available is to re-schedule you into the next series of course offerings. This must be done with the approval of the school Principal and submitted to the GHSA, in writing, by the school Principal or Athletic Director. Please do not call the GHSA office requesting a change in your schedule. This MUST BE DONE through the school.
Community coaches must arrive on time for their scheduled classes. If you arrive 15 or more minutes late for your scheduled class you will not be allowed into the class. You will have to reschedule to take a class in the next class offering. The reschedule request must come, in writing, from your school Athletic Director or school Principal.

Class attendance and a passing grade of 80% or more is required on the two (2) exams **BEFORE a community coach is allowed to assume any coaching duties.** A school allowing a community coach to coach before this time is subject to a fine and other penalties.

For completing the “Principles for Coaching” online exam, follow the instructions given to you at the class. If a prospective coach does not pass the examination, he/she and the school will receive notification. After the GHSA office receives the re-testing fee of $25 (school system check or money order ONLY) the re-take exam can be taken online. At that time, an email notification will be sent to the community coach indicating access to the online exam. The prospective coach is required to retake the exam until a passing grade is achieved.

Follow the directions you will receive in class from NCSS to complete 8 Modules of the PREPARE/First Aid online exam. Community coaches who have successfully completed the “NCSS PREPARE/First Aid” exam **online** will automatically receive a certificate of completion. You should provide your school a **copy** of this certificate for their files. Your original certificate should be kept for future reference in the event you change schools or sports activities.

Community coaches who fully complete the GHSA “Principles for Coaching” can print their certificate after successfully completing the exam. You should provide your school a **copy** of this certificate for their files. Your original certificate should be kept for future reference in the event you change schools or sports activities.

You should have ample time to attend your course classes and complete both exams before you are needed to coach. Please remember the 90-day time limit. If you do not attend both of your scheduled classes or complete both exams within 90 days, then you will be disqualified from coaching and will have to re-register and pay the course fees to complete your certification.

**HIGH SCHOOLS ONLY:** After you have become certified to coach, the school Athletic Director or Principal is responsible for updating the online school staff roster and adding your name as a community coach for the school. In order to receive your pass, be sure your school submits this information to the GHSA office. **DO NOT** call the GHSA office regarding your pass. **As always with any questions, please check with your school Athletic Director.**

All community coaches MUST complete a regular GHSA Rules Clinic in the sport(s) they coach as required of others on the staff, or the school will be fined. At the time of course completion, if a rules clinic for the sport he/she coaches is available then he/she must complete the clinic to avoid a fine. If a rules clinic for the sport he/she coaches is not available, then he/she will not be fined.
Prospective coaches may still be able to review the clinic though and it would be to their benefit to do so.

- Special attention must be paid to rules dealing with out of season coaching and illegal practices.

- A community coach may not assume coaching duties until fully certified.

- Community coaches may not coach out of season with any community team that has one or more students from the GHSA member school at which that person coaches on that team.

- Community coaches may not coach an out-of-school team during the school term. They are allowed to coach out-of-school teams during the summer months ONLY when school is not in session.

- No person who has coached a non-GHSA team in a sport or activity within the previous twelve (12) months may be hired or utilized by a GHSA member school in that same sport or activity IF any of that GHSA school’s players participated on the non-GHSA team that person coached.

- Community coaches may coach for only one board of education annually, regardless of whether or not they are paid for their services

- Community coaches may not coach the same sport at more than one school even if there are multiple schools in the system.

- Please do not contact the GHSA about a GHSA pass. Speak to your school Athletic Director about this.

POLK SCHOOL DISTRICT
COMMUNITY COACH APPLICATION
APPLICANTS MUST BE 21 YEARS OF AGE OR OLDER

NAME OF SCHOOL TO WHICH YOU ARE APPLYING: ____________________________________________

NAME: ____________________________________________ SSN: __________________________

ADDRESS: ____________________________________________ TELEPHONE NUMBER: ____________

CITY: ___________________________ STATE: _______________ ZIP: ____________________________ DATE OF BIRTH _______________

DO YOU HOLD A COLLEGE DEGREE? ______ MAJOR __________________ MINOR ____________

WHICH SPORT(S) WOULD YOU LIKE TO COACH, AND AT WHAT LEVEL? ____________________________________________________________________________________________________________________________________________

LIST YOUR CURRENT EMPLOYMENT STATUS:

EMPLOYER: ____________________________________________ TELEPHONE NUMBER: ____________

SUPERVISOR’S NAME: ____________________________________________ DATES OF EMPLOYMENT: ____________

DESCRIBE JOB RESPONSIBILITY: ____________________________________________________________________________________________________________________________________________

LIST THREE (3) REFERENCES WHO CAN ATTEST TO YOUR CHARACTER, ABILITY TO ASSIST IN THE SPORTS LISTED ABOVE AND ASSURANCE THAT YOU WILL BE A POSITIVE ROLE MODEL FOR SCHOOL AGE STUDENTS.

1. NAME: ____________________________________________ POSITION/TITLE: ___________________________
   ADDRESS: ____________________________________________ TELEPHONE: ___________________________
   CITY: ___________________________ STATE: _______________ ZIP: ____________________________

2. NAME: ____________________________________________ POSITION/TITLE: ___________________________
   ADDRESS: ____________________________________________ TELEPHONE: ___________________________
   CITY: ___________________________ STATE: _______________ ZIP: ____________________________

3. NAME: ____________________________________________ POSITION/TITLE: ___________________________
   ADDRESS: ____________________________________________ TELEPHONE: ___________________________
   CITY: ___________________________ STATE: _______________ ZIP: ____________________________

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, PLED NOLO CONTENDERE, OR ENTERED A PLEA OF FIRST OFFENDER TO ANY CRIMINAL OFFENSE, EXCLUDING MINOR TRAFFIC OFFENSES? (DUI, DWI AND/OR POSSESSION OR DISTRIBUTION OF ILLEGAL DRUGS MUST BE REPORTED. EXCLUDE EVENTS THAT OCCURRED WHEN YOU WERE A MINOR UNLESS YOU WERE PROSECUTED AS AN ADULT.) YES_____ NO_____ IF YES, EXPLAIN ON BACK OF FORM

ARE YOU NOW UNDER INVESTIGATION FOR ANY CRIMINAL OFFENSE? YES_____ NO_____ IF YES, COMPLETE THE NEXT SECTION BELOW

<table>
<thead>
<tr>
<th>TYPE OF OFFENSE</th>
<th>DATE</th>
<th>NAME OF LAW ENFORCEMENT AUTHORITY</th>
<th>DISPOSITION (OUTCOME)</th>
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APPLICANT SIGNATURE ______________________________________________________________ DATE _______________

PRINCIPAL’S SIGNATURE __________________________________________________________ DATE _______________

I have read the procedures for community coach/retired coach employees working with Polk School District and agree to abide by those procedures. I understand that the application, references and other data are the property of the Polk School District and cannot be returned. By filing this application with Polk School District, I agree to abide by all the policies as set forth by the Polk School District Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Polk School District contacting my references, previous and present employers, and schools attended, court officials and law enforcement authorities and other individuals. I understand that the Polk School District may investigate sources or references other than those given in this application. I acknowledge that all references will be confidential information. I understand that nothing in this application, in the statements or policies of the Polk School District or the Polk School District Board of Education, or in my communications with any district or Board official is intended to create a contract. No promises of employment have been made to me. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal.

READ THIS STATEMENT AND SIGN AFTER COMPLETING THE APPLICATION

APPLICANT’S SIGNATURE ____________________________________________ DATE ____________________________
COMMUNITY COACH / VOLUNTEER
HOLD HARMLESS AGREEMENT

Name: _________________________________________         School: _____________________________
Address: _______________________________________         Sport/Area Serving: ___________________
________________________________________         Telephone: __________________________

For and in consideration of permitting ______________________________________________ to participate
as a Community Coach/Volunteer, the undersigned, for myself, my heirs, executors, administrators and
assigns, hereby voluntarily release, cancel, forgive and forever discharge, waive and relinquish the Polk School
District, their boards members, officers, employees and agents from any and all actions, claims, demands,
damages, actions, causes of action, whether Federal or State, or suits at law or in equity, obligations, liabilities,
controversies and executions, of any kind or nature whatsoever, whether known or unknown, whether
suspected or not, which have arisen, or may have arisen, or shall arise, prior to and including after the date
hereof, by reason of any injury, property damage or wrongful death while participating as a Community
Coach/Volunteer, whether the same shall arise by the negligent act or omissions of anyone, including
employees of Polk School District, students, other chaperones or anyone not involved in said field trip.

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE POLK SCHOOL
DISTRICT, ITS EMPLOYEES, AGENTS AND BOARD MEMBERS, WITHOUT RESTRICTION, FROM ANY AND ALL
LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY NEGLIGENCE
BY ANYONE AT ANYTIME AS A RESULT OF ME BEING A COMMUNITY COACH/VOLUNTEER.

The undersigned, for myself, my heirs, executors, administrators and assigns, agree that in the event any claim
whatsoever for personal injury, property damage or wrongful death shall be prosecuted against the Polk
School District its officers, board members, employees, agents and servants, we shall forever indemnify and
hold the entities and persons released hereunder from any and all claims or causes of action by whomever or
wherever made or presented for personal injuries, property damages or wrongful death.

The undersigned’s signature denotes that he/she has read the foregoing agreement and having had an
opportunity to seek legal advice and is fully aware of the consequences of signing this instrument and the
potential dangers of engaging as a chaperone in the field trip activities.

Witness: ____________________________________ ________________________________________

Signature of Community Coach/Volunteer

Dated: _____________________________________ ________________________________________

Signature of School Principal
Criminal Background Consent Form

I hereby authorize Polk School District to receive any criminal history record information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in Georgia.

I agree and consent to such background check and investigation being conducted and agree to hold harmless the school system and the Polk county Sheriff’s Department as well as any and all officials, representatives, employees, and agents of the foregoing from any and all claims which might arise from the school district’s use of information obtained from the criminal background check.

I also agree that I will notify Polk School District immediately should I be arrested or charged with any criminal offense (excluding minor traffic violations) after the completion of this criminal background check.

I also certify that I have reviewed the Privacy Act Statement and Applicant’s Privacy Rights listed below.

Check the reason for background check:

☐ Mentor/Volunteer/Chaperone  ☐ Community Coach  ☐ New Hire  ☐ Certificate Renewal (current employee)

If Mentor, Volunteer, Community Coach, Chaperone, or Renewal, please list school: __________________________

If New Hire, please list position and location: __________________________

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**Full Name (Printed)**

**Street Address**  

**City**  

**State**  

**Zip Code**

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*Social Security Number*  

*Date of Birth*  

*Gender*  

*Race*  

*Required for Background Check*

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**Signature**  

**Date**

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GCIC/NCIC Privacy Act Statement

**Authority:** The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

(Over)
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**GCIC/NCIC Non-Criminal Justice Applicant’s Privacy Rights**

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights that are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website ([http://gbi.georgia.gov/obtaining-criminal-history-record-information](http://gbi.georgia.gov/obtaining-criminal-history-record-information)).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website ([http://gbi.georgia.gov/obtaining-criminal-history-record-information](http://gbi.georgia.gov/obtaining-criminal-history-record-information)).
Criminal Background – Fingerprinting Instructions
(NCIC)

- All fingerprinting will be conducted through the Human Resources Office
- The cost of fingerprinting is $45.00 – Cash Only – Exact change is required

The hours for fingerprinting are:

- Monday – Thursday  8:30 - 11:30 a.m. and 1:30 - 4:30 p.m.
- Fridays               8:30 - 11:30 a.m. and 1:30 - 3:30 p.m.

(Please call to verify availability of service)