

**BILLINGS PUBLIC SCHOOLS
DEPARTMENT OF ATHLETICS AND ACTIVITIES
VOLUNTEER COACH APPLICATION**

Volunteer Name: _____ Date: _____

Address: _____ Phone: _____

Email Address: _____ Sport/Activity: _____

Location/School: _____ Supervising Coach/Sponsor: _____

Give a short description of your background experience in the area for which you would like to volunteer: _____

Are you currently employed? ☐ Yes ☐ No

If yes, who is your current employer? _____

Work days and hours? _____

Days and times you will be volunteering? _____

Reference Name: _____ Phone: _____

Reference Name: _____ Phone: _____

- ☐ I have met with the school principal and/or activities coordinator.
- ☐ I will complete all coaching/sponsorship certifications as required by the MHSA and School District #2 as listed on the Coaching Requirements Checklist.
- ☐ I will adhere to all BPS policies and procedures
- ☐ I have met with the head coach and agree to participate during the agreed upon times as listed above.
- ☐ I have read, signed and turn-in the District Background Check Consent Form.

Coach Signature _____ Date _____

Principal/AC Signature _____ Date _____