

# Lackawanna Trail School District Volunteer Coaching Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_ Season \_\_\_\_\_

Please provide a summary of your qualifications for coaching this sport: (Print below or attach resume)

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Head Coach Signature \_\_\_\_\_

Athletic Director Signature \_\_\_\_\_

Administrative Office Use Only:	
Clearances on file:	Date Completed:
<input type="checkbox"/> Child Abuse History Clearance	_____
<input type="checkbox"/> PA State Police Criminal Background Check	_____
<input type="checkbox"/> FBI Fingerprint Clearance	_____