



INTERSCHOLASTIC ATHLETICS COACHING APPLICATION

Personal Information			
Name:		Social Security#:	
(Last)	(First)	(Middle)	
Address:			
City:		State:	Zip Code:
Telephone:		Email	
Place of Employment:		If DCPS, ID #:	
Current Occupation:			
Check: <input type="checkbox"/> New Hire (Paid) <input type="checkbox"/> Volunteer			
Position Applying for:			

Background			
High School Sports Participation			
Sport	Number of Years	Level (Varsity, JV, Intramural)	
College Sport Participation			
Sport	Number of Years	Level (Varsity, intramural)	
Sport Participation Other than High School or College			
Sport	Number of Years	Level (Professional)	
Do you have a valid:			
First Aid Certificate: Y or N		CPR Certificate: Y or N	
Previous Coaching Experience			
Sport	Level	Institution/School	Dates

Continue to Page 2

References

- | |
|----|
| 1. |
| 2. |
| 3. |

Have you been released from any coaching positions within the last five (5) years?

If so please explain _____

I certify that all information stated above is correct and that any attempt to falsify information will immediately disqualify me from consideration for the position for which I am applying.

Signature of Applicant

Date

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Hire Authorization by Principal/Assistant Principal:

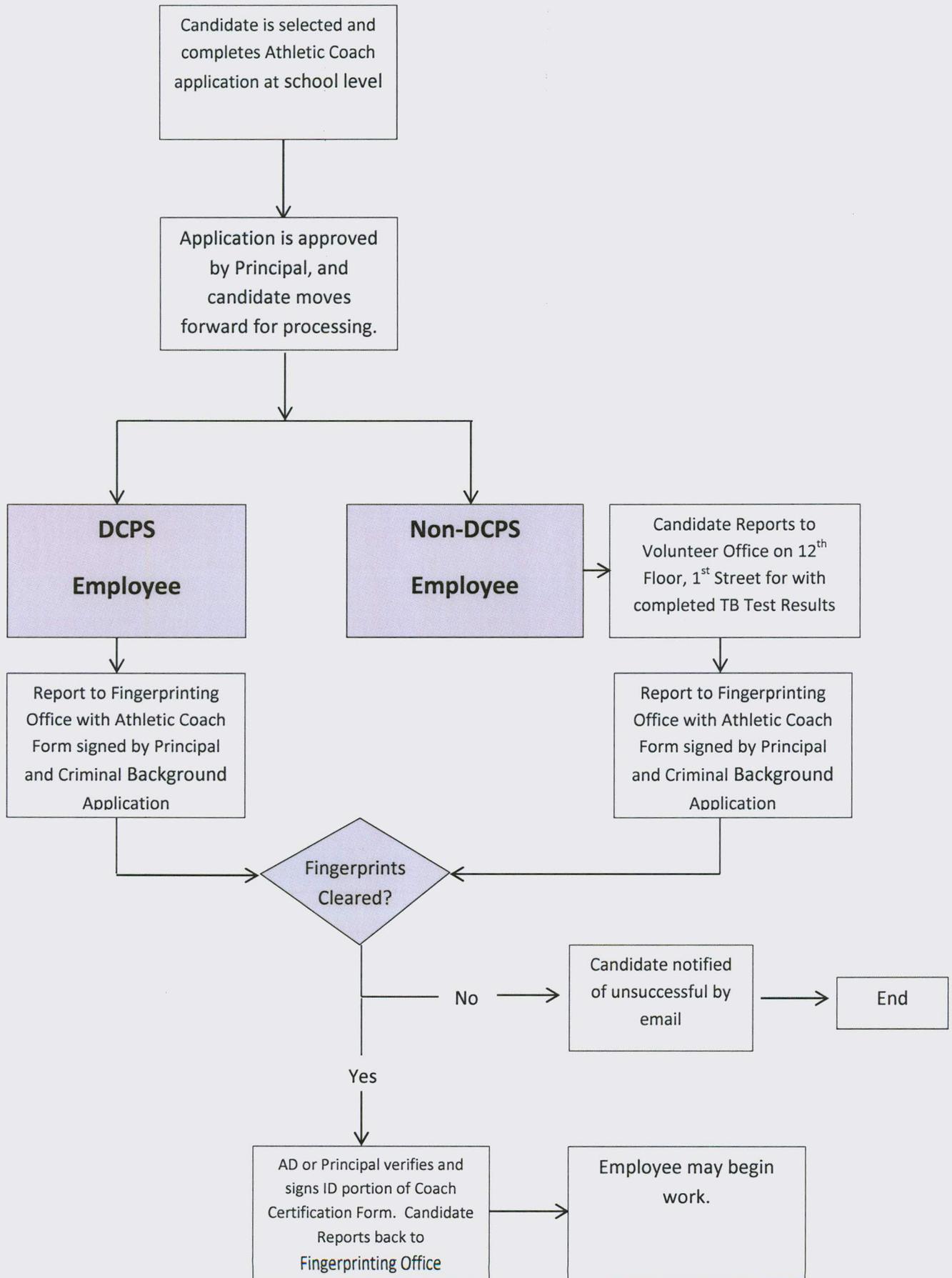
Print Name: _____

Signature: _____

Title: _____

Date: _____

DCPS New Coach Hire Flow Chart





Certification of Coaches/Extra – Duty Personnel

It is a requirement of District of Columbia law that all employees, contractors (including coaches), volunteers, and all other individuals who come in direct contact with students undergo a criminal background check through the DCPS Office of School Security Fingerprinting Office prior to having contact with children.

Fingerprinting

If you are offered such a position you must report to the Fingerprinting Office at 1200 First Street NE, 10th Floor, Washington, DC 20002 to be fingerprinted. DCPS and Non-DCPS can be printed Mondays & Fridays from 8:00am to 4:00pm, and Tuesdays, Wednesdays & Thursdays from 8:00am to 5:00pm. If you are **NOT a DCPS employee**, you must do the following: complete DCPS coach application and bring the authorized application and this form, along with current TB Test Results to the Volunteer Office at 1200 First Street, NE, 12th floor for processing on Tuesdays and Thursdays from 9:00am to 3:00pm. **You will not be printed until you are processed.** DCPS coach applications are located at 1401 Brentwood Pkwy, NE, Washington, DC 20002 in the Athletic Department. If you have any questions please contact Danielle Boxley at 202-442-5397 or the Department of Athletics at 202-729-3288.

Coaching ID card

Kindly be advised that if you fail to be fingerprinted, clear the background check and receive a coaching ID, you are ineligible to coach a sport, serve as a paid afterschool coordinator, or receive payment for work. Once you have been cleared, you must have school or athletic department personnel complete the bottom portion of this form, and return to the fingerprinting office on Mondays & Fridays from 8:00am to 4:00pm, and Tuesdays, Wednesdays & Thursdays from 8:00am to 5:00pm to receive your picture ID.

This clearance process must be completed prior to the commencement of any direct contact with children, including practices.

By signing below, you acknowledge your understanding that you are ineligible for payment for work performed before you are cleared to do so by the Office of School Security.

Failure to follow the legal requirement described above will result in termination of your appointment as a coach, and may result in disciplinary action being taken against the local school administration.

School: _____ Sport/Activity: _____

Name: _____ Date: _____

Signature: _____

Fingerprinting Approval (must be approved by School Principal, School AD, or Athletic Dept. Personnel)

Approved by: _____ Title: _____

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Coaching ID card Approval (must be approved by School Principal, School AD, or Athletic Dept. Personnel)

Approved by: _____ Title: _____

**By signing you are indicating that the above Coach is cleared to receive their ID, and you have verified clearance through Google doc or Athletic Department Personnel*

Criminal Background Check *(continued)*

4. **Pardons:** If you received a pardon(s) for one or more of your criminal convictions, review the law concerning pardons in the state where you received your pardon. Some states do not expunge at a conviction even if it you have received a pardon for it. If you have been pardoned for an offense but it has not been expunged, list the offense.

5. **Pending Criminal Charges:** List and describe any pending criminal charge(s)/case(s) against you (no time limitation):

United States Armed Services

Have you ever been discharged from the Armed Services under other than Honorable conditions? Yes No

If "Yes," please provide the following details: date of offense, charge(s) you were convicted of, place of violation, sentence/incarceration length, any additional information necessary.

Criminal Background Check Affirmation

Please read the listed offenses and then circle the appropriate declarations in the next section.

- (1) Murder, attempted murder, manslaughter, or arson;
- (2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
- (3) Burglary;
- (4) Robbery;
- (5) Kidnapping;
- (6) Illegal use or possession of a firearm;
- (7) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;
- (8) Child abuse or cruelty to children; or
- (9) Unlawful distribution of or possession with intent to distribute a controlled substance.

DIRECTIONS: CIRCLE ONE DECLARATION TO COMPLETE AND AFFIRM EACH STATEMENT

- I have / I have not** been convicted of any of the above listed offenses or their equivalent either in the District of Columbia, or in any other state or territory.
- I have/ I have not** pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.
- I am / I am not** on probation before judgment or placed upon a stet docket for a case involving any of the felony offenses listed above.
- I have / I have not** been found not guilty by reason of insanity for any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

AFFIRMATION

I hereby affirm my responsive declaration to each statement on this Affirmation form.

Signature

Date

Printed Name

Acknowledgment of Receipt

I have been informed that the District of Columbia Public Schools is authorized to conduct a criminal background check on me and may choose to deny employment or a volunteer position to me, or terminate my employment or volunteer position, based on the outcome of the criminal background check. I have been informed of my right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of that report.

Signature

Date

Certification and Authorization of Criminal Background Check

I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Code § 1-661.51 *et seq.* (2001) and D.C. Mun. Regs. §§ 405.8 and 407.1). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

I hereby authorize the District of Columbia Public Schools to conduct a criminal background check.

Signature

Date

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EMPLOYEE/APPLICANT/VOLUNTEER _____

Reported for Finger Printing on: ____/____/____

Staffing Specialist/Volunteer Coordinator Authorization:

Print Name: _____ Signature: _____
Staffing Specialist/Volunteer Coordinator Staffing Specialist/Volunteer Coordinator

Fingerprinting Authorization:

Print Name: _____ Signature: _____
Fingerprinting Technician Fingerprinting Technician