Maine School Administrative District No. 46 175 Fern Road ~ Suite 1 Dexter, ME 04930 Tel: 207.924.6000 Fax: 207.924.7660



COACH APPLICATION/VOLUNTEER

PERSONAL INFORMAT	ION:				
NAME:		<u>D</u> ATE			
ADDRESS					
Street		Town/City		Zip	
PHONE NUMBER E-Mail Address					
CELL PHONE NUMBER		_			
SOCIAL SECURITY NUM	ABER://		DATE OF BIRT	H:/	_
EDUCATION:					
High School Attended	l		Diplo	ma/GED Yes[]	No[]
Post-Secondary Scho	ol Attended		Degr	ee	
I will volunteer at: RVCS DRHS Grade Lev			Grade Level		
Do you have a Maine	Teaching Certificate	? Yes[] No[] Expiration [Date	
Have you been finge	rprinted by the Maine	Department of	Education?	*Yes[]	No[]
*Fingerprinted at			Date Fing	gerprinted:	
Experience working v	vith children				
List Three Most Recen	t Employers:				
<u>Employer</u>	<u>Address</u>		<u>Tel No.</u>	Contact Person	
person?	charged with or inves		Yes [] ninor traffic offe	No [] nse)?	er
minor traffic offense)? Has any court ever do that you pay a fine, p	eferred, filed or dismis	sed proceeding	Yes [] gs without a find d a requiremen	No [] ding of guilty and ro t as to your behavi	equired or or

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of court involved. Use additional sheets, if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.				
References: List three references who can comment on your ability and whom we may contact:				
Note: All application materials become the property of MSAD #46. None will be returned. Providing any false or misleading information on this application or employment screening process shall be fully sufficient grounds to refuse to allow the applicant to volunteer within the school district.				
I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.				
Date:Signature:				

Maine School Administrative District No· 46 175 Fern Road ~ Suite 1 Dexter, ME 04930

Tel: 207.924.6000 Fax: 207.924.7660



My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information, possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #46 contacts in connection with my volunteer application fully to provide MSAD #46 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #46, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Date:	Signature:
	D/O/B