

# GRIDLEY UNIFIED SCHOOL DISTRICT

429 Magnolia Street  
Gridley, CA 95948  
(530) 846-4721 Fax (530) 846-4595

## APPLICATION FOR COACHING POSITION

TITLE 5 of the California Code of Regulations establishes specific requirements for individuals hired to supervise or instruct interscholastic athletic activities. The following information will help the district assess and document your compliance with the requirements.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street City State Zip

Coaching position applying for: School \_\_\_\_\_ Sport/Position \_\_\_\_\_

### REQUIRED CERTIFICATIONS

1. Do you have a valid cardiopulmonary resuscitation (CPR) card? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a copy of the card.
2. Do you have a valid first aid card? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a copy of the card.
3. Have you had a tuberculosis (TB) test in the last 60 days? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a copy of the certificate, **or**
4. Do you have an unexpired TB test on file with another school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

### KNOWLEDGE OF SPORT AND RULES

1. Have you participated in organized competition in the sport at the high school level or above? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you familiar with the league and state rules governing the sport? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any prior active involvement with a school or community sports program.

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### WORK EXPERIENCE

Please list present or most recent job first.

Dates Employed	Employer's Name & Address	Supervisor	Phone Number
_____	_____	_____	_____
	_____		
	_____		

**WORK EXPERIENCE (cont'd)**

Dates Employed	Employer's Name & Address	Supervisor	Phone Number
_____	_____	_____	_____
	_____		
	_____		

Dates Employed	Employer's Name & Address	Supervisor	Phone Number
_____	_____	_____	_____
	_____		
	_____		

**PERSONAL REFERENCES**

Please list three personal references we may contact.

Name	Phone Number
_____	_____
_____	_____
_____	_____

**Note: All new hires will be required to submit appropriate documentation of identity and work authorization.**

I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements, omissions, or falsification of material fact herein, will cause forfeiture of all rights, terms, conditions, and privilege of employment with the district.

If I am being considered for selection, I authorize the Gridley Unified School District to contact references (e.g. former employers, educational institutions) I have listed to verify the application information provided. I release from all liability persons and organizations reporting information required by this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Equal Opportunity Employer / Applicants will be accepted and assigned to jobs and otherwise treated without regard to race, color, religion, national origin, gender, sexual orientation, age, marital status, veteran status or disability, as well as other classifications as protected by applicable Federal, state or local laws.*

The Gridley Unified School District maintains a drug, alcohol and tobacco-free workplace.

GRIDLEY UNIFIED SCHOOL DISTRICT TEMPORARY ATHLETIC COACH  
QUALIFICATONS AND COMPETENCIES (Attachment A)

A. GENERAL CONDITIONS – All coaches must have:

1. Knowledge and competence in care and prevention of athletic injuries, basic First Aid and emergency procedures
2. Knowledge of coaching techniques
3. Knowledge of rules and regulations in the sport or game being coached
4. Child or adolescent psychology, whichever is appropriate to the grade level of the involved sports activity as it relates to sports participation

B. VERIFICATION – The District requires verification of the temporary team coach’s competency in each of the above four specified areas:

1. Knowledge and competence in care and prevention of athletic injuries, basic First Aid and emergency procedures as evidenced by one or more of the following:
  - a. Completion of a college-level course in the care and prevention of athletic injuries and possession of a valid CPR card, or
  - b. Valid sports injury certificate or First Aid card and a valid CPR card, or
  - c. Valid EMT I or EMT II card, or
  - d. Valid Trainer’s Certificate issued by the National or California Athletic Trainers Association, or
  - e. Practical experience under the supervision of an athletic coach or trainer, or experience assisting in team athletic training and conditioning, and both valid First Aid and CPR cards.
2. Coaching theory and techniques in the sport or game being coached, as evidenced by one or more of the following:
  - a. Completion of a college-level course in coaching theory and techniques
  - b. In-service programs arranged by a school district or a county office of education
  - c. Prior service as a student coach or assistant athletic coach in the sport or game being coached, or
  - d. Prior coaching in community youth athletic programs in the sport to be coached, or
  - e. Prior participation in organized athletics at the high school level or above in the sport being coached
3. Evidence of knowledge of the rules and regulations pertaining to the sport or game being coached, the league rules and, at the high school level, regulations of the CIF
4. Child or adolescent psychology as it relates to sports participation as evidenced by one or more of the following:
  - a. Completion of a college-level course in child psychology for elementary schools and adolescent or sports psychology for secondary school positions, or
  - b. Completion of a seminar or workshop on human growth and development of youth, or
  - c. Prior active involvement with youth in a school or community sports program