

Volunteer Coach Form

- You must be 18 years or older to be considered the head coach. To assist a head coach you must at least be in high school.
- Assistant coaches may be chosen only after teams are formed and you are not guaranteed an assistant coach.
- You will be subject to a background check prior to being selected as a volunteer coach.
- You will abide by all rules of the program and serve as a mentor/leader for all participants of the program and set forth a good example.

First Name: _____

Last Name: _____

Home #: _____

Cell #: _____

Email: _____

1. Are you coaching your child? _____, (if "yes" enter their name below and then skip to question 4, if "no" please answer question's 2 & 3) Your child's name: _____

2. Which age division would you be interested in coaching and why? _____

3. Would you be willing to coach another age division to allow a parent to coach their own child, and which age division would be your second choice? _____

4. Have you ever coached in any leagues before? (please list)

a.

b.

c.

5. Please indicate which night you would prefer to have practice. (Place a 1 next to your first choice and a 2 next to your second choice) Monday ___ Tuesday ___ Wednesday ___ Thursday ___

6. Please provide your T-shirt size _____

Please complete the Background History Release Agreement and return your completed forms to Community Services, 906 Farm Street, Bastrop, TX 78602, Fax# (512) 308-1607. Thank you for your interest, we will contact you regarding volunteer coaching.



2009-2010 VIPS Application



Partners in Education . . . *Where all roads lead to success.*

Joining the Volunteers in Public Schools (VIPS) program is an easy way to become involved in the education of Bastrop ISD students. You can plan or accompany teachers and students on fieldtrips, organize fundraising events for special school needs or become involved in your school PTA/Booster Club. To start volunteering today, we ask that each volunteer complete the following form and return to: Bastrop ISD/Community Services Department/Partners in Education Coordinator/906 Farm Street/Bastrop, TX 78602 or fax to (512) 332-0401.

Campus(es) _____

List all campuses you wish to volunteer.

Contact Information

Name _____ Date _____

Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

E-mail _____

Home/Cell phone _____ Work phone _____

Volunteer Opportunities

(Please check the areas in which you would like to participate)

Classroom/Office Field Trips Mentor Health Screening
 Story Time Evening Events PTA Project Graduation
 P-16 Partnership Booster Club Hoopstars Coach
 Other

Please list additional children on back.

Child's Name: _____ Grade: _____ Teacher: _____

Child's Name: _____ Grade: _____ Teacher: _____

I hereby authorize the Bastrop Independent School District to conduct a criminal history record check. I also hereby authorize any and all law enforcement agencies to release any and all criminal history that I may have to the Volunteer in Public School program at Bastrop Independent School District. I understand that the only purpose of obtaining such information is to ensure the safety of all BISD volunteers, students and staff. By signing below, you provide authority to the Partners in Education Coordinator to verify all information found in this profile. Your signature attests to the truthfulness of all information listed in this application.

** One application per person please. **

Printed Legal Name of Applicant

Signature of Applicant

Applicant's Date of Birth

Applicant's Driver's License Number

NEW POLICY - To complete your application, we must receive a copy of the applicants driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.

Please allow 2 weeks to process.

Policy code: GKG(LEGAL)

FOR DISTRICT USE ONLY

Date submitted _____

Date approved _____