



Checklist of Required Documents for Volunteer Coaches

- Volunteer Coach Information Sheet
- Act 168 Clearance: Sexual Misconduct/Abuse Disclosure Release Form (Must be completed by former employers)
- Child Abuse Clearance (less than 3 years old)
- Criminal Records Clearance (less than 3 years old)
- FBI Clearance (Department of Education-less than 3 years old)
- Act 126 Clearance (less than 5 years old)
- State Issued Photo ID
- Application General Information
- Sports Safety Certification: Concussion (NFHS Learn)
- Sports Safety Certification: Sudden Cardiac Arrest (NFHS Learn)
- Sports Safety Certification: Heads Up Safety Certification (**Football Coaches Only**)
- CPR/AED/First Aid Certification

Completed files should be sent to HR via email to Sharronda Johnson at sjohnson13@philasd.org. Files must have all documents. Piece mail will not be accepted. Athletic Directors should keep a copy on file for each volunteer.

School District of Philadelphia Volunteer Coach Form

Personal Information

Prefix	Frist Name	Middle Name	Last Name		
Social Security Number		Date of Birth	Telephone Number		
Address		APT #	City	State	Zip

Education Information

Diploma/Degree	Institution	Year Acquired
High School		
Associate's Degree		
Bachelor's Degree		
Master's Degree		
Doctorate		
Other		

**Attach a copy of your State Issued Photo ID to this form along with the required documents.

Signature **Date**

**COMMONWEALTH OF PENNSYLVANIA SEXUAL MISCONDUCT/ABUSE DISCLOSURE
RELEASE (under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

Name of Current or Former Employer:		<input type="checkbox"/> No applicable employment
Street Address:		
City, State, Zip:		
Telephone Number:	Fax Number:	Email Address:
Contact Person:		Title:

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 business days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Position Applying For With The School District of Philadelphia:	
Any FORMER names by which the Applicant has been identified:	
Date of Birth:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable

Have you (Applicant) ever:

Yes ___ **No** ___ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes ___ **No** ___ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes ___ **No** ___ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____ Contact Telephone Number: _____

To the best of your knowledge, has Applicant ever:

Yes ___ **No** ___ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes ___ **No** ___ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes ___ **No** ___ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Former Employer Representative Signature and Title

Date

Return all completed information to: **CENTRAL OFFICE**

Contact Person: Sharronda Johnson	Title: Talent Support Specialist, Central Office, The School District of Philadelphia
Phone Number: 215-400-5989	Email Address: sjohnson13@philasd.org

Application General Information

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is a adjudication of guilt and includes determination before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? Yes No

Are you currently under charges for a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

Within the last ten years, have you been fired from any job for any reason? Yes No

Have you ever been professionally disciplined in any state? Yes No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

Certification and Release Authorization

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of my offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of personnel records, and to respond fully and completely to all questions that officials of Philadelphia (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquires which would included information related to any medical condition or medical history. Further, I do not waive any right which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (Must be in ink and original)

Candidate Social Security Number

Candidate Name (Please print)