



### VOLUNTEER COACHING FORM

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home/Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a volunteer in the Birmingham City Schools Athletics Department, I acknowledge and agree that I will not receive any compensation (financial or otherwise) from the Birmingham Board of Education, or any officer of the district for my services. I confirm and understand **I must have a background check through the Birmingham Board of Education, or have certified proof thereof**, and complete the requirements of the Alabama High School Athletic Association and Birmingham Board of Education as so written in the Operation Athletic Manual.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**I confirm that the above individual has completed ALL REQUIREMENTS AND CERTIFICATIONS OF THE AHSAA BY-LAWS and the BIRMINGHAM CITY BOARD OF EDUCATION ATHLETIC OPERATION MANUAL, and will serve as an athletic volunteer for this academic school year.**

School AD Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ACKNOWLEDGEMENT OF RECEIPT BY THE DEPARTMENT OF ATHLETICS

District AD Signature \_\_\_\_\_ Date \_\_\_\_\_