

HCDE Request for Volunteer

INSTRUCTIONS: Principals must ensure that all volunteer athletic coaches are fingerprinted after June 1 every year. This is not optional – *it is a requirement for all volunteer athletic coaches*. Other school-based volunteers may be printed at the discretion of the school principal.

Please complete the form below and return it to the attention of Jeff Lyles in Human Resources through the pony or via fax: (423) 209-8541.

Name of Volunteer:	Social Security Number:
School:	School Year:
Cell Phone Number:	Sport(s):
Additional Information (Optional):	

APPROVALS:

I, the undersigned, understand a background check is required after June 1st of every year and my service as a volunteer coach cannot begin until a clear background report is received.

I further release and hold harmless HCDE and its employees and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities with HCDE.

Signature of Volunteer: _____ **Date:** ____/____/____

I, the undersigned, approve the above listed individual to be a volunteer coach.

Administrator Name (please print) : _____ **Position:** _____

Administrator's Signature: _____ **Date:** ____/____/____

FOR HR USE ONLY:

Date Fingerprint Results Received by HR: ____/____/____

Clear: _____ Indication: _____ If Indication, date approved: ____/____/____