

**VOLUNTEER ASSISTANT COACH
REQUEST FORM
TUCKER COUNTY SCHOOLS**

Head Coach: _____ School: _____ Sport: _____

Name of Volunteer Requested: _____

Volunteer has completed proper training according to WVSSAC rules. ___ Yes ___ No

Volunteer has undergone background check. ___ Yes ___ No

Justification of need (Check all that apply): ___ Safety ___ Supervision ___ Other

If Other, please give explanation:

Additional Comments: _____

Signature: _____ Request Date: _____

After completing top portion, please forward to Athletic Director

Athletic Director Approval: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

Approved by Board of Education on: _____