



Office of Human Resources

Non-Faculty Coach Request Form

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_ PAID \_\_\_\_\_ NON PAID \_\_\_\_\_

SPORT \_\_\_\_\_

HEAD \_\_\_\_\_ ASSISTANT \_\_\_\_\_ BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Requirements:**

1. Non Faculty Coach must complete the employee application online including references.  
BCBE Policy 5.105  
<http://www.blountk12.org>
2. Fingerprinting instructions will be emailed to the coach
3. Paperwork will be emailed to the coach

Years served as Non-Faculty Coach in this sport (circle one):    0    1-4    5-9    10 plus

Total number of Non-Faculty Coaches serving within the schools athletic program: \_\_\_\_\_

Other Information: \_\_\_\_\_

Requesting Blount County School Board Approval:

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

\_\_\_\_\_  
Date