

CAMPBELL CITY SCHOOLS

APPLICATION FOR SUPPLEMENTAL POSITION

Name: _____

Supplemental Position: _____

School Year: _____

Signature

Date

Address

Telephone Number

Email Address

PLEASE NOTE:

- All coaches must meet the district requirements of CPR, First Aid, Fundamentals of Coaching, and Concussion in Sports.
- A Pupil Activity Permit **AND** BCI and FBI background checks are required for **athletic** activities.
- BCI and FBI background checks are required for all supplemental contracts.