THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 33 (CHILLIWACK)

Administrative Form

FORM 205A: COMMUNITY COACH INFORMATION SHEET

School and/or Program:	School Year: /

Name:		
Address:		
Telephone:	Home:	Work:
	Cell:	
Email Address:		
Proposed Activity (team, club, class, or activity):		
Relevant Experience:		
Formal training and Qualifications:		
First Aid Certification: Yes: ☐ No: ☐		

The Chilliwack School District (The "District") provides Accident and Liability Insurance to protect volunteers while acting for the District. Please see the school principal for details.

I accept the risks and the possibility of personal injury or property damage resulting from my volunteer activities.

Yes: ☐ No: ☐

Signature: Date: