



RETURNING NON-DISTRICT VOLUNTEER COACH INFORMATION

Welcome Back to the Ocean City School District. As a returning non-district volunteer coach in the School District, please read and complete this packet. A checklist is included for your convenience.

Please note: Candidates will not be nominated for School Board approval until this packet is complete.

Please complete the following:

1. Please schedule a time to meet with the Athletic Director. Please contact the Athletic Director's office at 609-399-1290 ext. 8733.
At your meeting, you will receive a Coaches Handbook; please read the Handbook, sign the last page and return it to the Personnel Services Department.
2. If you hold a valid NJ Teaching Certification and have already submitted a copy, there is no need to resubmit. However, if you hold a NJ Substitute Certificate please submit a copy, so we may verify that it is still current.
3. Please supply a copy of your Criminal History Approval Letter and the verification of continuous employment from the School District you are currently working for if applicable. There is no need to resubmit this information if your fingerprints are assigned to the Ocean City School District and you have not had a break in service.
4. Please complete the online professional development tutorials. Print one certificate after the completion of all assigned GCN tutorials, print each certificate completed on the NFHS requirements, and return it with your coach's packet.
5. Please supply a copy of your current CPR/AED and Basic First Aid certification cards.
6. Personal Data Form – Update and return with your packet.
7. Read, sign and return the Ocean City Public Schools – Access to Information, Software, and Computing Agreement form.
8. Health Information Form – Update and return with your packet.
9. Please review, sign and return the Confidentiality Clause.

***The above steps do not have to be completed in any certain order, however, you will not be recommended as a coach in the Ocean City School District until your packet is complete.**

If you have, any questions please feel free to contact **HOORQW, HMQO6HVLHV**
ODQHU at 609- or by email at NRQW@ocsdnj.org.





Returning Non-District Volunteer Coach Check List

Returning Non-District Volunteer Coach Name: _____

Sport Applying for: _____

Items Needed	Date Received
Meeting with the Athletic Director	
Signed Signature Page from Coaches Handbook	
Copy of Substitute Certificate (where applicable)	
Fingerprinting approval letter or copy of processed paperwork	
Verification of continuous employment form (where applicable)	
GCN Training Certificate	
Concussion in Sports Certificate	
Heat Illness Prevention Certificate	
Copy of CPR/AED and Basic First Aid Certification Cards	
Updated Personal Data Form	
Signed Access to Information, Software and Computing Agreement Form	
Updated Completed Health Information Form	
Signed Confidentiality Clause	

School Board Approval Date: _____



To: Office of Personnel

(School District where originally fingerprinted)

Fax # _____

From: Ocean City School District, Personnel Services Department
Kelly Donato, Personnel Services Manager

Re: Verification of Continuous Employment
(Criminal History Procedure)

The Ocean City School District wishes to employ _____ as a Volunteer.

In order to comply with the rules established by the Office of Student Protection, The Ocean City School District is asking you to complete the information below confirming that the above mentioned candidate has been continuously employed with your School District with no break in service.

Please return the completed form by fax (609) 399-4656 or email kdonato@ocsdnj.org

Thank you for your assistance in this matter.

This section to be completed by current School District

Name of Employee

Position Held

Period of Employment: From: _____ To: _____

I hereby certify that the above information being provided to the Ocean City School District is true.

Signature of District Administrator Title

Date





INSTRUCTIONS: Ocean City Public School District

1) Access the Login Screen

Enter **www.gcctraining.com** into your browser's address bar

When the website loads, Click

▶▶▶ LOGIN TO VIEW TRAINING

2) Enter your Organization ID

40040

The Organization ID is a code unique to each organization.

3) The User ID

If you do NOT have a User ID,

click

and follow the prompts to create one.

If no account is found, check with your HR Department or Supervisor to see if there is an issue with your account/name. -- it may be a difference of "Smith-Jones" vs "Smith Jones" or "VanHoff" vs "Van Hoff".

If you have created a User ID already, enter your User ID and click Submit

If you've forgotten your User ID, click "I Don't Know..." below the User ID field.

4) The Tutorial Listing Page

On the Tutorial Listing page you'll see a list of tutorials your organization has either required or has made available to you -- if the list does not specifically state "Required", it's possible that not all on the list are required (your organization may provide a list for you in this case).

Take notice of any articles in the News & Information area to the right of the page.

5) Viewing Tutorials

To view a tutorial, click **START** to the left of any title in the list. Your progress is saved after each slide completes, so you may complete a tutorial in several sessions.

If you have trouble viewing a tutorial or slide, use the orange buttons below the tutorial viewer.

Need More Assistance? Contact help@gcctraining.com



COACHES

Instructions to use the NFHS Site

Go to website: <http://www.nfhslearn.com>

Log in to your account or create a new account

Click on Courses (located on the top of the page on the red bar)

Under free courses you will find the following two required tutorials:

Concussion in Sports
Heat Illness Prevention

Please complete the tutorials, print out the certificates, and return them with your coaches' packet.

If you have any questions, you may contact:

Kelly Donato, Personnel Services Manager at (609) 399-4161 or
kdonato@ocsdnj.org

OCEAN CITY SCHOOL DISTRICT

Personnel Services Department

501 Atlantic Avenue, Suite 1

Ocean City, New Jersey 08226 – 3891

Phone: (609) 399-4161

Fax: (609) 399-4656

www.oceancityschools.org



Please complete the information below to make sure the information we have on file is accurate.

If you have any questions, please contact Kelly Donato, Personnel Services Manager at kdonato@ocsdnj.org or (609) 399-4161.

Thank you.

Name: _____
First Middle Last

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Home email address: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Education

Name Location Major/Minor Diploma/Degree

High School

Undergraduate College or University

Master's Degree College or University

Please List Student Teaching District or Alternate Route Program Attended (if applicable)

Highest Degree: High School or Equivalent 60 or more College Credits
 Associate Degree Bachelor's Degree Master's Degree
 Doctorate Degree National Board Certified

(Please be sure to complete the reverse side of this form)



Ocean City School District – Committed to Excellence

Equal Opportunity Employer





List of Certifications and Highly Qualified Status (if applicable): _____

Employment (List Employer's Names and Dates of Employment)

Have you retired from a NJ State Administered Retirement System? _____

If so:

- a. Retirement Date: _____
- b. Employer at Retirement: _____
- c. Retirement # or Former Membership #: _____
- d. Retirement Type: Disability Other

Please note: A Notification of Employment After Retirement form is required by the state for anyone collecting a retirement benefit from any NJ State-Administered Retirement system. If applicable, the Ocean City School District will complete the form and return it to the Division of Pension and Benefits within 15 calendar days of your employment.





Access to Information, Software and Computing Agreement

As a user of Ocean City School District's computing facilities, I agree to the following rules and provisions:

1. I will only use the computer account provided to me and will take the responsibility to protect my account from unauthorized access. I will not give my personal password to anyone and will take steps to prevent others from learning my password. If I become aware of attempts to violate or bypass security mechanisms, I will promptly report such attempts to my supervisor.
2. I will respect the privacy of information stored in Ocean City School District's computing facilities.
3. I will not acquire or modify, in any way, information that belongs to another person nor will I attempt to access restricted portions of the network or operating system.
4. I will only use the software to which I have been granted express rights by the network supervisor.
5. I will not copy unauthorized software onto the local drive or onto the network drive.
6. I agree to abide by any patent, copyright, or license restrictions that may relate to the use of the computing facilities, products, programs or documentation. I agree not to copy, disclose, modify, or transfer any such materials that I did not create without the express consent of the original owner or copyright holder. I agree not to use Upper Township School District's computing facilities to violate the terms of any software license agreement, or any applicable local, state, or federal laws.
7. I agree not to use Ocean City School District's computing facilities for any purpose other than that for which it was intended.
8. I shall not use my privileges to access other computing facilities to which Ocean City School District is connected without appropriate approvals to do so.
9. Internet access/e-mail is a privilege and not a right which can be revoked if used for purposes other than professional enrichment, research, instruction and/or dialogue.
10. This agreement remains in force as long as I make use of Ocean City School District's computing facilities or services.

Signature/Date





SCHOOL HEALTH SERVICES

NON-PERMANENT EMPLOYEE HEALTH INFORMATION

(substitutes, student teachers, volunteers, coaches, etc.)

SECTION A: EMERGENCY INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

FAMILY PHYSICIAN _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: please include relationship and phone number

SECTION B: MEDICAL HISTORY

ACCIDENTS (SERIOUS) _____ DATE _____

ALLERGIES _____ ASTHMA _____

DIABETES _____ HEADACHES _____ HEART CONDITION _____

HIGH BLOOD PRESSURE _____ ORTHOPEDIC _____

EYE PROBLEMS _____ GLASSES _____ CONTACTS _____

OPERATIONS (INCLUDE DATE) _____

LIST ANY OTHER HEALTH PROBLEMS YOU MAY HAVE: _____

LIST ANY MEDICATIONS PRESENTLY PRESCRIBED: _____

DATE OF LAST MANTOUX: _____ ARE YOU A POSITIVE REACTOR _____

SECTION C: NON-EMPLOYEE ASSURANCE STATEMENT

I certify that the above information is true to the best of my knowledge.

Signature of applicant

Date





CONFIDENTIALITY AGREEMENT

All information concerning employees, students, clients, donors, and organizations with which the Ocean City School District does business is to be considered privileged and maintained in strict confidence. All employees/coaches/club advisors/volunteers, etc. are responsible for protecting the confidentiality of such information. Information concerning past and present employees, other than essential employment verification, will not be released without the proper written authorization request.

CONFIDENTIALITY CLAUSE

The employees/coaches/club advisors/volunteers, etc. agrees to keep confidential and not disclose to others, nor make personal use of any information concerning the personal, financial or other affairs of the School District, which may have become known to The Employee/Volunteer during his/her employment or volunteer services for the Board. The employees/coaches/club advisors/ volunteers, etc. further agrees to maintain the privacy rights of students in accordance with the provisions of all applicable federal and State laws and regulations, as well as all Board policies relating to student records. Specifically, the employees/coaches/club advisors/volunteers, etc. agrees not to disclose or permit access to any information regarding or relating to any student in the Ocean City School District, unless such disclosure or access is specifically authorized by law and/or board policy and regulation.

Signature

Print Name

Date

