



# NOVOSEL INITIAL COACH'S CHECKLIST

COACH: \_\_\_\_\_

<input type="checkbox"/>	<b>FINGERPRINTS</b> (Every 5 years) Date: _____	<input type="checkbox"/>	<b>DA Form 4162: Volunteer Service Record</b> Date: _____
		<input type="checkbox"/>	<b>CYS Discipline Policy</b> Date: _____
<input type="checkbox"/>	<b>PART 1: BACKGROUND</b>	<input type="checkbox"/>	<b>CYS Touch Policy</b> Date: _____
<input type="checkbox"/>	<b>Form DD 2981</b> Date: _____	<input type="checkbox"/>	<b>CYS Privacy Policy</b> Date: _____
<input type="checkbox"/>	<b>Resume/Application</b> Date: _____	<input type="checkbox"/>	<b>CYS Confidentiality Policy</b> Date: _____
<input type="checkbox"/>	<b>CYS Coach Job Description</b> Date: _____	<input type="checkbox"/>	<b>CYS Statement of Understanding Policy</b> Date: _____
<input type="checkbox"/>	<b>DA Form 5018</b> Date: _____	<input type="checkbox"/>	<b>TWO References (Non-related)</b>
		<input type="checkbox"/>	<b>Coaches Orientation Acknowledgement</b> Date: _____
<input type="checkbox"/>	<b>PART 2: BACKGROUND</b>	<input type="checkbox"/>	<b>NAYS Coaches Code of Ethics/ Exam</b> Date: _____
<input type="checkbox"/>	<b>Prospective Coach Application</b> Date: _____	<input type="checkbox"/>	<b>DD Form 2793: Volunteer Agreement</b> Date: _____

<input type="checkbox"/>	<b>DA Form 5018-R: ADAPCP Client's Consent</b> Date: _____		<input type="checkbox"/>	<b>NAYS Sport-Specific training</b> Date: _____ <i>(Complete prior to coaching each sport)</i>
<input type="checkbox"/>	<b>Dep. Of Army Release/ Consent Statement</b> Date: _____			
<input type="checkbox"/>	<b>OTHER REQUIREMENTS</b>		<input type="checkbox"/>	<b>IN-PERSON</b>
<input type="checkbox"/>	<b>Immunizations: A current Flu vaccination <u>OR</u> waiver</b> Date: _____		<input type="checkbox"/>	<b>Child Abuse and Prevention</b> Date: _____
<input type="checkbox"/>	<b>Individual Development Plan (IDP)</b> <i>Signed &amp; Completed</i>			
			<input type="checkbox"/>	<b>BACKGROUND CHECK</b>
<input type="checkbox"/>	<b>ONLINE TRAINING</b>		<input type="checkbox"/>	Background Check <b>Approval</b> Date: _____
<input type="checkbox"/>	<b>First Aid/CPR</b> <i>(Valid for 2 years)</i> <b>OR other acceptable lifesaving training</b> <i>(i.e. CLS-Does not expire)</i> Date: _____		<input type="checkbox"/>	Background Check <b>Recertification</b> <i>(Valid for 5 years)</i> Date: _____
<input type="checkbox"/>	<b>NAYS Mental Health Challenges</b> <i>(print/email certificate)</i> Date: _____			
<input type="checkbox"/>	<b>NAYS Concussion</b> Date: _____			
<input type="checkbox"/>	<b>NAYS Coaching Youth Sports</b> Date: _____			
<input type="checkbox"/>	<b>NAYS Basic Youth Sports Safety and First Aid</b> Date: _____			