

ATHLETIC COACH APPLICATION FORM

Name: _____
Address: _____
City/Zip: _____

Email: _____
Home Phone: _____
Work Phone: _____

Education and Occupation:

High School Name: _____
College Name: _____ Other: _____
Occupation (title, company): _____

Coaching:

Sport you wish to coach: _____
Preferred age group/league desired: _____
Position Desired: Head Coach _____ Assistant Coach _____
Name the person you wish to coach with: _____ (He/she must also complete this form.)
Your reason for applying: _____

Previous Experience:

Instructional Leadership of Children(explain): _____

Coaching Education:

Courses _____ Clinics _____ Books _____ Videos _____ Other _____
(explain): _____

Previous coaching experience:

Sport	Year(s)	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications (coaching): _____

CPR Certified: _____ Expires: _____ First Aid Certified: _____ Expires: _____

References:

**Hagerstown Jr. Sr. High School,
701 Baker Road, Hagerstown, IN 47346
765-489-4511 (phone) 765-489-4333 (fax)**

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