

COACHING APPLICATION

NAME: _____ SOC. SECURITY# _____

ADDRESS: _____ TOWN _____ ZIP _____

EMAIL ADDRESS: _____

TELEPHONE# (H) _____ (C) _____ (W) _____

I AM INTERESTED IN THE FOLLOWING POSITION(S):

1. _____

2. _____

3. _____

EDUCATIONAL BACKGROUND AND DEGREE(S):

ATHLETIC BACKGROUND (Playing Experience):

COACHING EXPERIENCE:

Have you taken any courses in the care and prevention of Athletic injuries?

Yes _____ No _____ If yes, when and where? _____

Do you have a first aid certificate? Yes _____ No _____

What was the last Athletic Clinic you attended? _____

If not in the Dracut School System, where are you employed?

Do you have any conflicts with practice time (2:15-8:30 p.m.)?

Yes _____ No _____

Are you free to coach on Saturdays? Yes _____ No _____

Date

Applicant Signature