

APPLICATION FOR NON-PAID COACH

NAME OF SPORT: _____ Start Date: _____ Anticipated End Date: _____

PERSONAL INFORMATION		
Name	Social Security Number	
Address		
Home Phone	Work Phone	Cell Phone

EMPLOYER – List your current or last employer		
Date – Month & Year	Name and Address of Employer	Position and Supervisor
Start Date	Name	Title
End Date	Address	Supervisor Name

REFERENCES – List two persons not related to you, whom you have know at least one year			
Name	Address	Phone Number	Yrs. Acquainted

EXPERIENCE – List your coaching/playing experience.	
Experience	Explain duties/responsibilities

By signing this form acknowledges that I have read, understand and agree to abide by the Guidelines for Non-Paid Coaches.

Non-Paid Coach's Signature

Date

Head Coach's Signature

Date

Athletic Director's Signature

Date

DO NOT WRITE IN THIS AREA - OFFICE USE ONLY	
Reviewed By: _____	Date: _____
REMARKS: _____	
_____ APPROVED	_____ NOT APPROVED