

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
ATHLETIC COACHING APPLICATION

Name: _____ Position Applying For: _____ Head Coach
Address: _____ Asst. Coach
_____ Volunteer Coach
Phone & Email: _____ Sport: _____

Athletic Background

<u>High School Sports Participation Record</u>	<u>Years</u>	<u>Letters Earned</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

<u>College Level Sports Participation Record</u>	<u>Years</u>	<u>Letters Earned</u>
A. _____	_____	_____
B. _____	_____	_____

Coaching Background

<u>Sport</u>	<u>School or Team</u>	<u>Years</u>	<u>Coaching Position</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Do you hold a Valid First Aid Certificate? _____ If yes, Date _____ No. _____

Coaching References

Please list individuals who would be able to evaluate your coaching background.
Please list name, title, address and phone number of each reference.

A. _____
B. _____
C. _____

Please return completed form to Superintendent of Schools, Schuylkill Haven Area School District,
501 East Main Street, Schuylkill Haven, PA 17972-1300