CUTHBERTSON ATHLETIC BOOSTER CLUB HEAD COACHING APPLICATION

APPLYING FOR:					
	Sport	Grad	le		
NAME:					
Last		First	Middle		
ADDRESS:					
Str	reet	City		Zip Code	
HOME PHONE:		CELL PHONE:			
WORK PHONE:		E-Mail:			
HAVE YOU BEEN AP	PROVED AS A VO	OLUNTEER (level	4 status) B	Y UCPS?	
(YES) (NO)		·	·		
If Yes: Approval code					
If No: Have you applie	d for approved vo	lunteer status?			
If yes: Date applied					
1. Sports including level	(JV/Varsity) in whi	ich you participated	as a high sc	hool student:	
1.					
2.					
3.					
4.					
2. Sports in which you pa	articipated as a coll	ege student (includi	ng school):		
1.					
•					

3.

List coaching experience(s)- include win/loss record (if applicable), championships and coaching/team honors received:

Title/Position	School/Organization	Win/Loss	Team Honors
		/	
		/	
		/	
		/	
		/	
		/	
summarize your coa	ching philosophy as it pertains	to middle school a	ged athletes

List 2 references who are knowledgeable of your coaching qualifications:

Name Relationship Phone E-Mail

1.

2.

^{*}please list most recent experience first

Please use space below to provide additional information you would like to share about yourself. This information could be a short autobiography, information about your career, life experience, interests or other activities. Please feel free to elaborate on information already given elsewhere in this application.
I understand that if I am selected for this volunteer position, false statements on this application shall be considered sufficient cause for dismissal. I understand that to coach a Booster Club Sport for the CABC that I must join the Booster Club at least at the Basic Level.
Date Signature