

SECTION 3: Experience

Have you ever coached before? Yes No

If yes, what age level? _____

What sport or activity? _____

What was the name of the organization/team? _____

Have you ever participated in football or cheerleading? Yes No

What experiences do you have that qualifies you for this coaching position with the Salem Rams?

SECTION 4: Certification Training

Are you or have you been: First Aid Certified? Yes No

If yes, when? _____

Coach Certified? Yes No

If yes, when? _____

Are you willing to attend the coaching clinics and/or alternative training? Yes No

SECTION 5: Commitment

Are you able to commit at least 8 hours per week (3 practices and 1 game) to being at the games, practices and other Rams events (i.e. Tag Day, Equipment Inventory, Coaches Meetings, etc.) as needed throughout the season?

Yes No

SECTION 6: Medical Information

Are there any medical limitations that the Executive Board should be aware of that could affect your ability to coach?

Yes No

If yes, please be specific:

SECTION 7: Emergency Information

Contact in case of emergency:

Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Signature: _____ Date: _____

Please Mail the Completed Application to:

Salem Rams

PO Box 635

Salem, NH 03079

Attention: VP-Cheerleading or VP-Football (please specify)

DO NOT COMPLETE THIS INFORMATION: For Executive Board Only

Application Received on: _____ by: _____

Approved for the position of: _____

Team/Squad: _____

Board Approval: _____

Date: _____

Revised: January, 2011