

WILTON CHEERLEADING COACHING APPLICATION



CHEERLEADING

Please print clearly, sign and date. If you are filling out this form in Adobe Acrobat, please note that the information inputted into this form will not be stored in the file when it is saved. After completing the form, please print out a copy, sign & date.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

D.O.B _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

CHEERLEADING EXPERIENCE: _____

COACHING EXPERIENCE: _____

COACHING CLINICS ATTENDED: _____

CHEER CERTIFICATIONS: _____

PREVIOUS VOLUNTEER WORK: _____

COMMUNITY AFFILIATIONS: _____

DO YOU HAVE CHILDREN IN THE PROGRAM? YES NO

IF YES, LIST THE FULL NAME AND WHAT LEVEL: _____

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS? YES NO

IF YES, PLEASE EXPLAIN: _____

PLEASE LIST 3 REFERENCES:

NAME: _____ EMAIL: _____ CELL: _____

NAME: _____ EMAIL: _____ CELL: _____

NAME: _____ EMAIL: _____ CELL: _____

SIGNATURE: _____ DATE: _____