

TRINITY WARRIOR ATHLETICS



Name: _____

Address: _____

Phone: _____ Work: _____

Cell Phone: _____ E-Mail: _____

Position applying for: _____

Days and Times available during the week (i.e. Earliest you can be to practice or games, special circumstances on certain days, etc.): _____

1. List High School sports participation: Years

- A. _____
- B. _____
- C. _____
- D. _____

2. List College sports participation: Years

- A. _____
- B. _____
- C. _____
- D. _____

3. Sports participation other than college: Years

- A. _____
- B. _____
- C. _____
- D. _____

4. List any previous coaching experiences: Years:

- A. _____
- B. _____
- C. _____
- D. _____

5. Do you have a valid First Aid Certificate? Yes / No. If so, Date _____

Please provide any additional information, which elaborates your skills or knowledge as a potential coach.

REFERENCES: Give name, address and phone Number.

My signature indicates that I have completed this application accurately and truthful. I understand that misrepresentation of factual information herein is cause for termination as a volunteer coach.

Signature: _____

Date: _____

Background Check: _____