

COACH/SPONSOR INFORMATION FORM
CHARLESTON HIGH SCHOOL ATHLETIC/ACTIVITY DEPARTMENT

Volunteer's Name _____

Local Address _____ Telephone no. _____

When available? (time/days) _____

Coaching -Sport/Activity _____

Are you eighteen years old or older? _____ General Health _____

Any serious illness in the last five years? _____ If so, explain _____

Have you ever applied to or been employed by this district? _____

(If so, when ?)

EDUCATIONAL PREPARATION

High School _____ Location _____ Graduation Date _____

College or University _____ Location _____ Graduation Date _____

Major (s) _____ Minor (s) _____

Student Teaching Under _____ School _____

Independent Study _____ School _____
(course)

ASEP Course _____ Certificate Received _____
(date completed) (date)

Other, e.g., courses in First Aid, CPR emergency, etc.

