

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.

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SPORTS PARTICIPATION

High School _____

Years _____ Letter(s) earned _____

College or University _____

Years _____ Letter(s) earned _____

RELATED EXPERIENCES (sports, recreation, coaching, etc.)

Give any additional information that may reflect upon your position.

List any restrictions or conditions of your availability as a volunteer coach.

My signature below indicates that I have completed this form accurately and truthfully. I understand that misrepresentation of factual information herein is cause for dismissal as a volunteer coach.

Signature _____ Date _____

DO NOT WRITE IN THIS SPACE -- FOR ADMINISTRATIVE USE ONLY

Assignment(s):

Effective Dates: From _____ To _____

 From _____ To _____

Supervising Coach/Sponsor _____ Date _____

Athletic/Activity Director _____ Date _____

Building Principal _____ Date _____