

Howardsville Christian School

APPLICATION FOR COACHING

Last Name

First Name

Address

City/State/Zip

Telephone (Cell)

(Work)

(Home)

Desired Position

Prior Experience Coaching

What church do you attend?

Please give a brief testimony

Why do you desire to coach at Howardsville Christian School?

Education

Level Completed G.E.D. ☐ High School ☐ College ☐

Name and Location of College(s)

1.

Start

End

Major

Minor

Did you graduate? Yes ☐ No ☐ Mo/Year (mm/yy)

2.

Start

End

Major

Minor

Did you graduate? Yes ☐ No ☐ Mo/Year (mm/yy)

Special Qualifications and Skills (CPR, First-Aid, etc)

Other schools, training, employment, athletic experience (Coaching seminars, Certified Official. etc.)