

WESTERN PLACER UNIFIED COACHING APPLICATION

PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHAT POSITION ARE YOU APPLYING FOR? (IF YOU ARE APPLYING FOR A VOLUNTEER POSITION, PLEASE INDICATE).

WHAT EXPERIENCE DO YOU HAVE RELEVANT TO THE COACHING POSITION YOU ARE APPLYING FOR?

RIGHT CLICK ON YES OR NO FOR THE FOLLOWING ITEMS; PLEASE PROVIDE COPIES/EVIDENCE FOR EACH ITEM:

DO YOU HAVE?

	<u>YES</u>	<u>NO</u>	<u>Expiration Date</u>
FIRST AID	<input type="checkbox"/>	<input type="checkbox"/>	
CPR	<input type="checkbox"/>	<input type="checkbox"/>	
TB TEST CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
CTC TEACHER CREDENTIAL OR ACTIVITY SUPERVISOR CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
NFHS COACHING CLASS COMPLETION	<input type="checkbox"/>	<input type="checkbox"/>	NA
NFHS CONCUSSION CLASS	<input type="checkbox"/>	<input type="checkbox"/>	
LIFESCAN FINGERPRINT ON FILE WITH DISTRICT	<input type="checkbox"/>	<input type="checkbox"/>	NA

Signature: _____

Date: