



Coach Application Form

www.smyrnaseahawks.org

Name: _____ Email: _____
Address: _____ Home Phone: _____
City/Zip: _____ Work Phone: _____

Education and Occupation:

High School Name: _____
College Name: _____ Other: _____
Occupation: _____

Coaching: Preferred age group desired: _____

Position Desired: Head Coach: _____ Assistant Coach _____

Your reason for applying: _____

Previous Experience:

Instructional Leadership of Children (explain): _____

Coaching Education:

Courses _____ Clinics _____ Books _____ Videos _____ Other _____
(Explain) _____

Certification (coaching) _____

CPR Certified: Yes _____ No _____ If you answered yes, expiration date _____

References:

- (1) Name: _____
Phone Number: _____
Email: _____
- (2) Name: _____
Phone Number: _____
Email: _____
- (3) Name: _____
Phone Number: _____
Email: _____