

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT  
ATHLETIC COACHING APPLICATION

Name: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Head Coach  
Address: \_\_\_\_\_ Asst. Coach  
\_\_\_\_\_ Volunteer Coach  
Phone & Email: \_\_\_\_\_ Sport: \_\_\_\_\_

Athletic Background

<u>High School Sports Participation Record</u>	<u>Years</u>	<u>Letters Earned</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

  

<u>College Level Sports Participation Record</u>	<u>Years</u>	<u>Letters Earned</u>
A. _____	_____	_____
B. _____	_____	_____

Coaching Background

<u>Sport</u>	<u>School or Team</u>	<u>Years</u>	<u>Coaching Position</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Do you hold a Valid First Aid Certificate? \_\_\_\_\_ If yes, Date \_\_\_\_\_ No. \_\_\_\_\_

Coaching References

Please list individuals who would be able to evaluate your coaching background.  
Please list name, title, address and phone number of each reference.

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

Please return completed form to Superintendent of Schools, Schuylkill Haven Area School District,  
501 East Main Street, Schuylkill Haven, PA 17972-1300