

Supplement to Coaching Application

Individuals applying for a coaching position are required to complete the following supplemental application. Please enclose any additional information which you feel may be helpful in evaluating your training, experience and qualifications for a coaching position in the Orcas Island School District.

Applicant _____ Date _____

List, in order of preference, coaching positions desired: (indicate whether MS or HS and Boys or Girls)

1. _____
2. _____
3. _____

List interscholastic sports you participated in as a high school student:

List interscholastic sports you participated in as a college student:

List your coaching experience: (include win/loss record, championships and coaching honors received)

<u>Year</u>	<u>School System</u>	<u>Win/Loss</u>	<u>Championships/Honors</u>
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What additional athletic experience have you had that would be of value to you in a coaching position?

Explain those factors that you feel are most important to a quality athletic program.

Are you certified in Red Cross First Aid/CPR? _____ If yes, expiration date: _____

Do you have a valid Washington state teaching certificate? _____ If yes, give cert number _____

List the names and telephone numbers of three references that can attest to your coaching abilities:

1. _____
2. _____
3. _____

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Philosophy (Explain your philosophy as it applies to these areas):

1. Winning

2. Sportsmanship

3. Discipline

Applicant's Statement

I certify that the information herein is a true and complete statement of my persona and professional record to date to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or in interviews may result in discharge. I understand also that I am required to abide by the laws and regulations of the State of Washington and the policies and procedures of the Orcas Island School District.

Signature of applicant _____ Date _____