



Athletic Coach Application

Position Applying for: _____

Date of Application: _____ Date Available: _____

Personal History

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Do you hold a current CPR/First Aid certification?

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 If yes, date completed: _____
Yes No

Have you completed Concussion Recognition & Management?
(Required by WA State Law & Renewed Every 3 years)

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 If yes, date completed: _____
Yes No

Have you completed a sudden Cardiac Arrest Awareness?
(Required by WA State Law & Renewed Every 3 years)

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 If yes, date completed: _____
Yes No

Describe your testimony, relationship with Christ, and how He is actively working in your life today.

What does it mean to you to coach from a Christian perspective?

Briefly explain your experience with WIAA Coaching Guidelines?

What is your communication style with parents? What is your communication style with students?

Are you currently coaching a sports team? If yes, which sport are you coaching and with what organization?

Staff members are required to be an active member of a local church to maintain a healthy spiritual life.

Name of church you currently attend: _____ Years attended: _____

Church Address: _____ Phone: _____

Lead Pastor: _____ Associate Pastor: _____

How have you been active in church ministry? (e.g., sports, choir, teaching Sunday school, leading a small group etc.) Please list specific activities and length of time you have been involved.

Do you believe the Bible to be the inspired and inerrant Word of God, our final authority in all matters of faith, conduct, and truth?

Yes	No

Do you hold a Teaching Certificate?

Yes	No

 What state? _____ Certificate #: _____

Do you hold any special endorsements?

Yes	No

 If yes, please list below:

Educational History

School Attended	Degree/Certificate	Date Received

Experience

Please sequentially list your coaching experience with the most recent first:

School Name and Address	Grade Level/Subjects	Dates

Please sequentially list your teaching experience, if any, with the most recent first:

School Name and Address	Grade Level/Subjects	Dates

Most recent supervisor:

Name: _____ School/Company: _____

Phone: _____ Email Address: _____

Reason for leaving your most recent position:

Applicant's Reference Check Authorization

I hereby authorize Cornerstone Christian Academy for Learning and Leadership (CCALL) to conduct a **professional reference check** with my current and/or previous employer(s). Additionally, my signature hereby authorizes **personal references** to release information and to provide any additional information whether that information is positive or negative.

I understand that reference information may include, and is not limited to, verbal and written information about my employment performance, professional demeanor, rehire potential, dates of employment, salary, and employment history.

I knowingly and voluntarily release all parties from all liability that could arise from giving, or receiving, information about my employment history, academic credentials, qualifications, or my suitability for employment with CCALL. I understand that subsequent and continued employment with CCALL may be subject to this feedback.

This form may be reproduced as a facsimile, and copies will be as effective as an original signature.

Additionally, I hereby certify that all information contained in this application is correct and complete to the best of my knowledge:

Date:

Applicant's Printed Name:

Applicant's Signature:

Applicant's Professional References

First Name:		Last Name:	
Title:		Relationship:	
Address:		City, State & Zip	
Email:		Phone:	

First Name:		Last Name:	
Title:		Relationship:	
Address:		City, State & Zip	
Email:		Phone:	

First Name:		Last Name:	
Title:		Relationship:	
Address:		City, State & Zip	
Email:		Phone:	

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Email:		Phone:	