

## Verde Christian Coaching Application

| Name:                         | Soc. Sec. Nu                     | mber |
|-------------------------------|----------------------------------|------|
|                               | Birthdate:                       |      |
| Email:                        |                                  |      |
| Address:                      |                                  |      |
|                               | Zip Code:_                       |      |
|                               |                                  |      |
| • •                           | interested in coaching and add   | •    |
| ,                             | clude preference for a Male or f |      |
|                               |                                  |      |
|                               |                                  |      |
|                               |                                  |      |
| ☐ Basketball                  |                                  |      |
| ☐ Wrestling                   |                                  |      |
| ☐ Pickleball co-ed            |                                  |      |
| ☐ JH Soccer co-ed             |                                  |      |
|                               |                                  |      |
|                               |                                  |      |
|                               |                                  |      |
| Please list any coaching expe | erience:                         |      |
| Organization:                 | Position:                        | Year |
| Organization:                 | Position:                        | Year |
| Organization:                 | Position:                        | Year |
|                               |                                  |      |
| Please list two references:   |                                  |      |
| Name:                         | Relationship:                    |      |
| Phone Number:                 |                                  |      |
|                               |                                  |      |
| Name:                         |                                  |      |
| Phone Number:                 | Email                            |      |

| Do you Have a Fingerprint Clearance ca   | ard? Y or N              |  |
|--|--------------------------|--|
| Do you have a coach's certification? You | r N                      |  |
| What church do you attend?               |                          |  |
| What qualities do you think make a grea  | ıt coach?                |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
| How will you use your sports program a   | s a ministry for Christ? |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
| Why are you passionate about coaching?   |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |
|  |                          |  |