ERLE RIVERS HIGH SCHOOL
COACH APPLICATION FORM

Name:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ Email:_____

List the team(s) you would like to coach:

(1)_____ (2)_____

(3)_____ (4)_____

Background and experience (coaching, playing, etc.):

_____

_____

_____

_____

_____

_____

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_____

Coach Certifications, eg. NCCP, or Specialized Training:

_____

_____

_____

_____

_____

Signature:_____ Date:_____

By signing this document I agree that all of the above information is correct, and that incorrect information may result in the termination of the coaching position if I am successful in getting the position.