



EMPORIA RECREATION COMMISSION COACHING APPLICATION

Please Print

Name: _____ Email: _____
 Address: _____ Home/Cell Phone: _____
 City/Zip: _____ Work Phone: _____

Coaching:

Position Desired: Head Coach or Assistant Coach

Sport you wish to coach: (circle one below)

Tackle Football Flag Football Youth Soccer Basketball Softball Baseball

Preferred age/grade or league desired: _____

Name the person you wish to coach with: _____ (He/she must also complete this form)

Your reason for applying: _____

Previous Experience:

Instructional Leadership of Children (explain): _____

Coaching Education: (Courses Clinics, Books, Videos, Other explain): _____

Previous Coaching Experience:

Sport	Year(s)	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications (coaching): _____

CPR Certified: _____ Expires: _____ First Aid Certified: _____ Expires: _____

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? **Yes** **No**

Have you ever been accused, arrested or convicted of abuse or sexually related crimes? **Yes** **No**

Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

Please Return Completed Form to Emporia Recreation, 313 West 4th