Cocke County Board of Education

305 Hedrick Drive

Newport, TN 37821

423.623.7821

COACHING APPLICATION

FILL OUT COMPLETELY

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(AS IT APPEARS ON SOCIAL SECURITY CARD)

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 CITY ZIP CODE

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport you will coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Boys team\_\_\_\_\_Girls team\_\_\_\_\_\_

 I will be: Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check one of the following)

\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby certify that I HAVE NOT been convicted of a misdemeanor or a felony in any state of the United States

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby certify that I HAVE been convicted of a misdemeanor or a felony in any state of the United States. **Details of each conviction must be fully explained on back of this application.**

YES\_\_\_\_ or NO\_\_\_\_, I have coached for the Cocke County School System since before January 1, 2000 **WITHOUT** a break in service.

Circle one:

 I will receive a coaching supplement OR I am a volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Do not sign unless all information is filled in.

ATTACH RECOMMENDATION TO APPLICATION