CCS_Form#51.2

Coaching Application

Each year all athletic coaches are required to complete this application and return to their schools principal

Full Name of Coach :_____
social security number

Mailing Address: _____

Phone Number: _____ Birthdate: _____

Sport you will coach:_____ Boys_____ Girls_____

School you will be coaching at: _____

Please check one of the following:

_____ *I hereby certify that I **HAVE NOT** been convicted of a misdemeanor or a felony in this or any other state within the United States.*

_____ *I hereby certify that I **HAVE BEEN** convicted of a misdemeanor or a felony in this or any state other state within the United States. The details of this conviction must be fully explained on back of this application.*

Please circle the correct answer to the following two statements:

I will receive a coaching supplement OR I am a volunteer coach

I **HAVE NOT** or **HAVE** coached for the Cocke County School District since before January 1, 2000 without a break in service.

_____
Signature of Applicant Date

_____
Principal's Signature (by signing I am recommending the above applicant) Date

_____
Director Signature Date