

BISON SCHOOL DISTRICT #52-1  
COACHING APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Applying for: \_\_\_\_\_

High School sports participation record

SPORTS PARTICIPATION

YEARS

LETTERS EARNED

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

College attended:

College participation record

SCHOOL

SPORT-LEVEL

YEARS

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

List any paid or non-paid experiences in sports, recreation, and physical activities.

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

Do you have a valid first aid certification/CPR/AED? \_\_\_\_\_ Date \_\_\_\_\_

Do you hold a fundamental of coaching and/or concussion management certificate? Date \_\_\_\_\_

If no, are you willing to complete these courses online? \_\_\_\_\_

REFERENCES: Give name, address and phone number (include area code)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature

Date