



FCS ATHLETIC APPLICATION

SS#: _____ DATE: _____

NAME: MR. MRS. MISS _____
First Middle Last

ADDRESS: _____
Street Apartment #

City State Zip Code

PHONE: (HOME) _____ (WORK) _____
(CELL) _____ (EMAIL) _____

EDUCATION: Years of high school: _____ Date of graduation: _____ Years of college: _____

Name of college: _____ Degree obtained: _____

Major: _____ Minor: _____

Graduate School: YES NO Years of Graduate School or Degree obtained: _____

Graduate School attended: _____ Major: _____

Do you have a coaching certificate? YES NO

Are you trained in CPR/First Aid? YES NO

Do you have a VA driver's license? YES NO

Are you licensed to drive a school bus? YES NO

POSITION FOR WHICH YOU ARE APPLYING: _____

PREVIOUS EXPERIENCE IN COACHING OR ATHLETICS: (Please include location, level, sports and dates)

PERSONAL STATEMENT OF FAITH

1. In your own words define what the Bible is to you.

2. Describe your personal relationship with Jesus Christ. How has He impacted your life? Please be as specific as possible.

3. What church do you attend? Describe your involvement within your church.

4. Would you feel comfortable praying and leading devotions at practices and before games with your team? How might you conduct team devotions?

PERSONAL COACHING PHILOSOPHY

1. What level (Middle School, JV, and Varsity) would you feel most qualified to coach and please explain your answer.

2. Why do you want to coach at Fredericksburg Christian School?

3. Who would you recognize as your authority if you were to coach at Fredericksburg Christian?

4. What are your coaching strengths and weaknesses?

5. After reviewing our Athletic Handbook, would you have any difficulty following the guidelines for dealing with behavior problems, missed practices, etc.?

6. Why do you feel you should be granted this position? Are you pursuing a career in athletics?

MISCELLANEOUS INFORMATION

1. How comfortable are you with driving your team to sporting events on a school van?

2. Are you willing to procure a Commercial Driving License if you do not already have one in order to transport your team to sporting events?

3. Are you willing to get appropriate First Aid training and/or become certified in CPR?

4. Would you be willing to help with a summer program in your particular area of athletics?

REFERENCES

1. Please give the name and all requested information of your pastor, a church leader or a spiritual mentor that we can contact.

NAME: _____ PHONE: (H) _____ (W) _____

ADDRESS: _____

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2. Please give the name and all requested information from someone who has information concerning your character and ability as a coach.

NAME: _____ PHONE: (H) _____ (W) _____

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FOR OFFICE USE ONLY

ATHLETIC DIRECTOR APPROVAL AND COMMENT:

ADMINISTRATIVE APPROVAL AND COMMENT:
