



**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.

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

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

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

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

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### **PERSONAL COACHING PHILOSOPHY**

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

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

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

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**4. What are your coaching strengths and weaknesses?**

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

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

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**MISCELLANEOUS INFORMATION**

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

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**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?**

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

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

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**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:** \_\_\_\_\_

Street

Apartment #

City

State

Zip Code

**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)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street

Apartment #

City

State

Zip Code

**FOR OFFICE USE ONLY**

**ATHLETIC DIRECTOR APPROVAL AND COMMENT:**

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**ADMINISTRATIVE APPROVAL AND COMMENT:**

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