

COACHING APPLICATION
ILLINOIS LUTHERAN SCHOOLS

Name _____ Birth Date _____

Address _____ Phone _____

Position(s) applying for: _____

1. High School Attended: _____ Yrs. _____

2. List high school sports participation:

Sports Participation (leave blank if none) Years

A. _____

B. _____

3. College Attended(ing): _____ Area of Study _____

4. College sports participation: (leave blank if none) Years

A. _____

B. _____

5. Sports participation other than college: (leave blank if none) Years

A. _____

B. _____

6. List any coaching experiences(Sport and n held): Years

7. Do you have a valid First Aid Certificate? If so, Date _____ No. _____

8. Are you IHSA certified? Yes ____ If so, date of certification? _____ No _____

9. Briefly describe your coaching philosophy. _____

REFERENCES: Give name, relationship, and phone number.

1. _____

2. _____

3. _____