



FHE Athletics

www.fhesports.org

FHEA First Time Coaching Application

Please fill out the following 2-page document if interested in volunteering or working as a coach.

Please Print Clearly:

Date: _____ Position Desired: _____

Name: _____ Date of Birth: ____/____/____

Telephone: (H) (____) _____ (W) (____) _____ FAX (____) _____

Cell Phone: _____ Email: _____

Residence Address: _____

City _____ State _____ Zip _____

PERSONAL INFORMATION

What is your marital status? () Married () Single () Divorced

Children & ages: _____

College (including degree, school, year): _____

Church & years attended: _____

Describe how you became a Christian:

INTERESTS & EXPERIENCE

Playing Experience (High School, College, Professional)

Attach additional pages if necessary for the following questions.

Coaching Experience:

Describe any formal/informal training you may have had as a coach or volunteer. (Coaching Clinic, courses, P.E. Degree, etc.)



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Have you ever been asked to leave, refused admittance to, or suspended from any sports organization? () Yes () No If so, which one and why?

What do you hope to gain from volunteering?

What other organizations have you volunteered with (if any)?

REFERENCES

Please list the names, occupations, and telephone numbers of three people (other than relatives) who know you sufficiently well to provide us a reference. References will be contacted. If you are acquainted with someone already involved in FHEA, name them:

Name	Occupation	Work #	Home #
_____	_____	() _____	() _____
_____	_____	() _____	() _____
_____	_____	() _____	() _____

• Do you agree to comply with and abide by all the rules, regulations, and rulings of the organization and its officials? () Yes () No

• Do you understand that any action, either physical or verbal, that is deemed by the FHE Sports committee or FHE Board to be detrimental to FHE, or the sport in general, will cause your immediate and indefinite suspension? () Yes () No

• I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.



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SIGNATURE

DATE

Please return to an FHEAC committee member.