

Idaho State University Campus Recreation
SPORT CLUBS PROGRAM

Coach Application

Personal Information

Sport Club: _____ Academic Year: 20 /20
Full Name: _____ Preferred Name: _____
Social Security #: _____ E-mail: _____
Home Ph. #: _____ Cell Ph. #: _____ Work Ph. #: _____
Home Address: _____ City: _____ Zip: _____
Work Address: _____ City: _____ Zip: _____
Place of Employment: _____
Employer Name: _____ Employer Ph. #: _____

Coaching/Playing Experience—including dates, locations, addresses, phone #s, awards received, accomplishments, etc. (may attach resume)

References

Name: _____ Ph #: _____
Name: _____ Ph #: _____
Name: _____ Ph #: _____

Signature

I certify that all of the information furnished in this coaching application is true and complete to the best of my knowledge. I understand that the University may investigate the information I have furnished. I realize that any misrepresentation or false information included in this application can lead to the withdrawal of the application from consideration or to termination of this coaching position.

Signature: _____ Date: _____

<i>Campus Recreation Use Only</i>		
CERTIFICATIONS		
CPR: Agency _____	Expiration _____	On file? Y / N
First Aid: Agency _____	Expiration _____	On file? Y / N
AED: Agency _____	Expiration _____	On file? Y / N
PRE-APPROVAL TASKS		Date complete
Campus Recreation Risk Management Training		_____
Policies and Procedures Manual issued		_____
Risk & Assumption of Responsibility form signed		_____
Policies/Procedures explained		_____
Given copy of staff phone list		_____
APPROVAL SIGNATURES		
_____ <i>Director</i>	_____ <i>Assistant Director</i>	_____ <i>Club President</i>