

CHAPELGATE CHRISTIAN ACADEMY
2600 Marriottsville Road
Marriottsville, Maryland 21104
410-442-5888

ATHLETIC COACHING APPLICATION

I. Personal Information

A. Name: _____ Telephone: _____
Address _____
City _____ State _____ Zip _____
Email Address: _____
Are you at least the age of 21? Yes No

B. Date Available: _____

II. Coaching Experience

A. High School / Club (name, location, level, & date coached)

III. Professional Information and Availability

A. Which sports do you feel qualified to coach? _____

B. Which age group do you feel qualified to coach? _____

C. What hours are you available during weekdays?

Mon _____ Thurs _____
Tues _____ Fri _____
Wed _____

D. Are you CPR certified? _____ First Aid certified? _____

IV. Personal Reference Data

Please give the names, addresses, telephone numbers, and occupation of at least three references. At least one reference should be professional.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Occupation</u>
1.			
2.			
3.			

V. Questions for Personal Response (Please prepare on a separate sheet.)

A. A prerequisite to coaching at Chapelgate is a statement of faith in accordance with our beliefs. One must consider him/herself to be a Christian. We define a 'Christian' as one who recognizes that he/she is a sinner needing to be forgiven by God. Forgiveness comes only through Jesus' sacrifice on the cross. We cannot merit or earn God's forgiveness by our action or deeds. A Christian is one who is grateful for God's forgiveness and lives his/her life in gratitude to God.

Please provide a concise but adequate statement of your personal faith in Jesus Christ.

B. Why do you feel led to be a coach at CCA?

VI. Church Membership

Currently a member of:

How long?

If less than three years, list previous church memberships:

- 1.
- 2.

Date

Signature