

Montoursville Area School District

Athletic Department

570-368-2491 ext 5090

Coaching Application

For which coaching position are you applying? _____

Volunteer Coach Yes No

Name: _____ Date _____

Address: _____

Primary Phone Number: _____ Email: _____

Have you ever been interviewed at Montoursville Area School District before Yes No

If yes, whom did you interview? _____

Are you currently employed by Montoursville Area School District?

If yes, current assignment: _____

If no, present employer: _____

Does your work permit you to be at practice by 3:30? Yes No

List Educational training/degrees: _____

What other work experiences have you had which would additional qualify you for this position? _____

What contributions do you think you could make to the Montoursville Area School District?

Would you accept a volunteer position? _____

List two references that have intimate knowledge of your ability to perform in the position for which you are applying:

Name: _____ Phone _____ Email _____

Address: _____

Name: _____ Phone _____ Email _____

Address: _____

Official Use Only

Act 34	Act 151	Act 114	Sudden Cardiac Arrest Certificate
TB Test			Concussion Awareness Certificate